The current issue of the *European Heart Journal* focuses on prevention, an increasingly important issue in cardiovascular care. In spite of all efforts and progress made during the last decades, cardiovascular (CV) disease remains the most important cause of morbidity and mortality in most countries, including those in Europe. Accordingly, the *European Heart Journal* assigns appropriate space for papers related to prevention, and works closely with the *European Journal of Preventive Cardiology*. Indeed, only this year 27 papers submitted to the *European Heart Journal* have been transferred to this member of the ESC journal family.

In a first FAST TRACK paper by Jean-Claude Tardif et al. from the Montreal Heart Institute in Quebec, Canada, the results of a randomized trial using an HDL mimic are reported. The background of the paper ‘Effects of the high-density lipoprotein mimetic agent CER-001 on coronary atherosclerosis in patients with acute coronary syndromes: a randomized trial’ is based on the fact that HDLs have several potentially protective vascular effects. Most clinical studies of therapies targeting HDL have, however, failed to show benefits vs. placebo. In this case, the authors investigated the effects of an HDL-mimetic agent on atherosclerosis by intravascular ultrasonography and quantitative coronary angiography at baseline and 3 weeks in a prospective, double-blinded, randomized trial including 507 patients from 51 centres in the USA, The Netherlands, Canada, and France. Patients received six weekly infusions of placebo or 3, 6, or 12 mg/kg CER-001. The primary efficacy parameter was the nominal change in total atheroma volume. Unfortunately, CER-001 infusions did not reduce coronary atherosclerosis as compared with placebo. Whether CER-001 administered in other regimens or to other populations would be more effective obviously requires further investigation.

In an excellent editorial, Alan Fogelman puts these findings into the perspective of recent basic research and the findings of a trial trying to increase HDL levels pharmacologically.

The second paper entitled ‘Midlife blood pressure change and left ventricular mass and remodelling in older age in the 1946 British birth cohort study’ by Arjun Kumar Ghosh et al. from the International Centre for Circulatory Health, Imperial College London hypothesized that antecedent blood pressure may contribute to CV disease independent of current blood pressure. To that end, they investigated the relationship between midlife blood pressure and left ventricular mass index (LVMI) in 1653 participants of the 1946 British birth cohort. The authors found that higher blood pressure in midlife and a rapid rise of systolic blood pressure in the fifth decade is associated with higher LVMI in later life, independent of current blood pressure. Surprisingly, people with treated hypertension had higher LVMI than untreated individuals, even when accounting for their higher blood pressure.

These intriguing findings are nicely discussed in an accompanying editorial by Jan Staessen.

In the third paper published in this issue, Stefano Masi et al. from University College London investigated the ‘Rate of telomere shortening and cardiovascular damage: a longitudinal study in the 1946 British Birth Cohort’. There are reports on associations between short leucocyte telomere length (LTL) and vascular and cardiac damage. However, the contribution of LTL dynamics to the age-related process of CV remodelling remains unknown. The authors explored whether the rate of LTL shortening predicts CV phenotypes over 10 years. Interestingly, they found that the rate of progression of cellular ageing in late midlife as reflected by the rate of LTL attrition relates to vascular damage, independent of CV risk factors. This article is also accompanied by an Editorial, by a nephrologist involved in this field, Ton Rabelink from Leyden University in The Netherlands.

The fourth and last paper, by Jose Ramon Banegas et al. from the Autonomous University of Madrid, deals with the ‘High prevalence of masked uncontrolled hypertension in people with treated hypertension’. The quality of treated blood pressure control during normal daily life, and in particular the prevalence of ‘masked uncontrolled hypertension’ (MUCH) in treated and seemingly well-controlled hypertensives is unknown. This is important because masked hypertension in ‘treatment-naïve’ patients is associated with a high risk of CV events. The authors therefore tried to define the prevalence and characteristics of MUCH in a large sample of hypertensives. Interestingly, the prevalence of MUCH in treated hypertensives with well-controlled clinic blood pressure turned out to be high. These findings suggest that ambulatory blood pressure measurements should be routine to confirm effective blood pressure control, especially in higher risk groups and those with hypertensive with suboptimal blood pressure control.

We hope that you enjoy reading this issue of the *European Heart Journal* and that it will stimulate your practice and research you are involved in.

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References


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