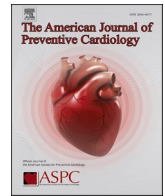


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Editor's Message

Editors' message – December 2023



On behalf of the American Society for Preventive Cardiology (ASPC) and the editorial team and staff of the *American Journal of Preventive Cardiology (AJPC)*, we wish our readers and their loved ones a very healthy and happy holiday season.

We are pleased to close out our fourth year of the *AJPC* with some featured articles addressing disparities and care gaps in the December 2023 issue.

In one such article, that was also simultaneously presented at the 2023 American Heart Association Scientific Sessions, Emily Decicco and colleagues used Cerner Real-World data from 2017 to 2018 across 90 US health systems to evaluate the use of primary prevention lipid lowering therapy (LLT) among persons aged 40–75 with diabetes. They found that despite guideline recommendations endorsing statins in this population disappointingly only 58.1 % were on moderate- to high-intensity statin and 35 % were on no statin! Low density lipoprotein cholesterol (LDL-C) control was suboptimal at baseline (37.0 % had LDL-C \geq 100 mg/dL), and utilization did not improve much by one year unfortunately. So much more work needs to be done to implement guideline recommended LLT for reduction of atherosclerotic cardiovascular disease (ASCVD) in high-risk populations.

Along those lines, patient education about statin benefit and safety is important to facilitate uptake and adherence of LLT. However, another study by Summer Ngo examining 172 online patient education materials about statins found that the overall average reading grade level was high at 10.9, and there was an inverse association between readability and reliability. Thus, this lack of high-quality online health information at an accessible reading level may be a factor contributing to statin nonadherence.

Another article by Yi-Sheng Chen and colleagues from Taiwan evaluated whether implementation of a health information technology (HIT) program at a tertiary medical center among patients with acute coronary syndrome (ACS) could improve LDL-C control. Comparing the post vs pre- HIT intervention, there was increase in high-intensity statin usage and better LDL-C goal attainment. These results are promising that a HIT program can enhance lipid control and improve multidisciplinary team-based care in patients with ACS.

Recommendations to follow a healthy lifestyle remain the foundation of all preventive interventions. Another study in this issue of the *Journal* by Ping Yang et al. using NHANES data found that a more favorable diet quality, hallmarked especially by lower intake of sodium and added sugars, was associated with lower serum levels of N-terminal-B-type natriuretic peptide.

Another analysis using data from the SPRINT trial by Richard Kazibwe and colleagues found that among adults with hypertension that vigorous-intensity physical activity at least once or more per month

and/or moderate-intensity physical activity at least 15 min a day was associated with lower risk of cardiovascular events; furthermore, vigorous physical activity was also associated with lower mortality.

Preventive efforts are not only geared towards reducing ASCVD, but also other types of CVD such as heart failure and atrial fibrillation. In this issue of the *Journal*, there was also a state-of-the-art review about the prevention of heart failure, emphasizing the importance of intervening early at stage A (risk factors)

Another study described a multi-modality, systems-based approach aimed to increase the use of glucagon-like-peptide 1 receptor agonists (GLP1-RA) and sodium-glucose cotransporter 2 inhibitors (SGLT2i) in patients with CVD and chronic kidney disease, the “Beyond Diabetes” initiative. After a series of grand round educational programs, there was an improvement in clinician knowledge in this area and an associated modest but statistically significant increase in prescribing patterns of SGLT2i and GLP1-RA.

So, in sum, it was another great issue highlighting disparities in preventive cardiology care but also featuring some potential solutions to improve implementation of guideline recommended medical therapy.

We look forward to the New Year of 2024 and more great science in the *Journal*. In addition, we are always on the lookout for colleagues interested in reviewing for the *Journal* (and for future consideration as editorial board members) and welcome you to nominate yourself or a colleague. We also invite you to continue to send your great work for consideration of publication, and as always we appreciate your readership and support.

Author agreement

Not applicable.

CRediT authorship contribution statement

Erin D. Michos: Writing – review & editing. **Nathan D. Wong:** Writing – original draft.

Declaration of Competing Interest

This is the Editors page. The authors have nothing to disclose related to this page.

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