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Opinion

Where Do We Come from and Where Are We Going?

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Interesting question if there are. The medicine in the last decades is in constant change, requiring that the health professionals have to update continuously. At the beginning of the decade of `90 some drugs such as beta-blockers had a class III indication in chronic heart failure, but at the end of the same decade they became class I [1], or only a pharmacological management at the expense of high doses of diuretics to the addition of intracardiac devices such as implantable cardioverter defibrillators [2] or cardiac resynchronization [3].

In arterial hypertension, the initial drug for uncomplicated patients was diuretic or beta-blockers according to the Joint National Committee (JNC) 6 in 1997 [4], but in 2014 JNC 8 recommends choosing between diuretics, calcium blockers, angiotensin-converting enzyme inhibitors or antagonists of angiotensin receptors, discarding the beta-blockers and taking as a target tension in people over 60 years of age less than 150/90mmHg [5], while a year later the SPRINT study proposes a reduction in systolic blood pressure below 120mmHg [6] .

Of only having acetylsalicylic acid and warfarin to reduce thrombotic events, we currently have the new oral anticoagulants [7] and even monoclonal antidotes [8] to reverse its effect immediately in the case of severe haemorrhage.

In echocardiography, when we thought that everything was within reach of the two-dimensional (2D) mode, the "new techniques" [9] with speckle tracking, strain, three-dimensional modality appeared, showing us evidence of subclinical pathology not detectable with the usual two-dimensional echocardiography.

So, were we seeing what was really there? Perhaps the two most practical examples in this setting are the presence of left ventricular systolic dysfunction in aortic valve stenosis [10] or assess the evolution of the oncological patient [11], where the new techniques go a step further and detect even imperceptible changes for the echo 2D.

These were some of the changes suffered by cardiology in the last 25 years, showing us that the only thing we know is where we came from, but where we are going, only time will tell. The idea of this journal is to provide new information, encourage doctors to investigate, and mainly to make their time invested not in vain. They are all invited to participate.

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