

Foreword



Michael H. Crawford, MD
Consulting Editor

Now that fewer people are dying suddenly of myocardial infarction and ventricular arrhythmias, heart failure is becoming the most frequent cause of cardiac death. Heart failure also has become a major cause of long-term cardiovascular disability. Fortunately, there now are many options to prevent and treat heart failure. Drs. Young and Narula have put together two excellent volumes on this topic. This issue of *Cardiology Clinics* is the second volume on this important topic.

This issue is divided into three sections, each addressing a different area. The first section is a continuation of the discussion begun in volume one about the management of chronic heart failure. The role and optimal dosing of angiotensin-converting enzyme inhibitors are covered. The use of aldosterone inhibition is discussed. The role of neurohormonal therapy in patients who have preserved left ventricular function and heart failure is presented. There is a discussion of neutral endopeptidase inhibitors and endothelin antagonists. Who should receive anticoagulants, antiplatelets, and statin drugs is discussed. Finally, traditional and novel approaches to the management of heart failure are contrasted.

The next section is on management of left ventricular dysfunction after myocardial infarction. One article considers the use of angiotensin-converting enzyme and/or angiotensin receptor

blockers after myocardial infarction, and another discusses comprehensive adrenergic blockade for left ventricular dysfunction after myocardial infarction. The last article of this section reviews the role of aldosterone blockade in patients who have left ventricular dysfunction after acute myocardial infarction.

The final section includes a discussion of the difference between the European and American approaches to heart failure and what these differences mean for the care of our patients. Heart failure trials are put into perspective, because patients seen in clinical practice are not always similar to those enrolled in trials. The issue ends with a look to the future of pharmacogenetics for neurohormonal interventions in heart failure.

The international authors who contributed to this issue provide considerable insights into these complex issues. I learned a lot from them, and I know you will as well.

Michael H. Crawford, MD
*Division of Cardiology, Department of Medicine
University of California
San Francisco Medical Center
505 Parnassus Avenue, Box 0124
San Francisco, CA 94143-0124, USA*

E-mail address: crawfordm@medicine.ucsf.edu