

PREFACE

In preparing this second edition of *Heart Disease Diagnosis and Therapy: A Practical Approach*, I was determined that this book must remain clinically focused because of the changing role of clinical cardiologists. The majority of cardiologists prefer to be invasive cardiologists; those who practice noninvasive cardiology spend much of their time performing and interpreting noninvasive cardiac tests. Across North America and worldwide a large number of interns go into internal medicine programs. More than half go on to become general internists, and these internists render care to more than 60% of patients with cardiac problems. Thus, these physicians must acquire a sound knowledge base in clinical cardiology in order to render competent care to this large pool of patients that is not serviced by cardiologists. In particular, these trainees must have at their fingertips the basis for the clinical diagnosis and pharmacologic therapy of cardiac disorders. They do not require much information on invasive and noninvasive cardiac testing, neither of which they are called on to perform.

I believe that most trainees have difficulty extracting essential information from available large volume textbooks that are aimed at nonseasoned cardiologists. These are good reference books, but they are not study books. What type of textbook must the internal medicine resident use as a study book to improve clinical acumen and cram prior to the board examination? I strongly believe that such a text should:

- Have greater depth of coverage in clinical cardiology than the available medium-sized textbooks that range from 700 to 1000 pages; none of these books are suitable study books.
- Be thorough in its coverage. Most available texts are compressed; the tightly run lines make it difficult to use them as study books.

The format and printing style, therefore, should display the material so that the information can rapidly reach the visual cortex and be relayed to the storage area for memory in the brain. It is still necessary for students and senior trainees to commit the essentials to memory, and to rework these facts through patient's problem formulation and plan of management. The assessment of the factual information from a computer may suffice but this cannot replace the human touch at the bedside, where a sound knowledge base and clinical judgment can outsmart the computer program.

Many advances have been made in cardiology since publication of the first edition in 1996. The colossal amount of new scientific information necessitated the expansion of virtually all chapters in the preparation of this new edition. Results of recent randomized clinical trials are put in a special section in each chapter. An extensive current and relevant bibliography has been provided. The chapter on hypertension criticizes the national guidelines for the management of hypertension. The first edition warned that the World Health Organization, the International Society of Hypertension, and the JNC

should reexamine their logic for the recommendation of alpha blockers as initial therapy. The American College of Cardiology issued a warning in 2000, and the ALLHAT study that showed the detrimental effects of these agents was published in 2002.

We believe that a niche exists for a succinct user-friendly text that gives in-depth coverage of common cardiologic problems with emphasis on practical aspects of diagnosis, cardiovascular pharmacology, and other therapeutic strategies.

Our book is aimed at internists; clinical cardiologists; physicians in emergency rooms, intensive care units, and coronary care units; residents in cardiology, internal medicine, and family medicine; generalists; family physicians; and critical care nurses.

We did not intend to produce a comprehensive textbook of cardiology and intentionally did not discuss the following:

- Anatomy and physiology. A 20-page overview of this topic is not relevant to clinical practice. Clinicians and trainees have been sufficiently afflicted in their preclinical years with anatomy and physiology. Although we agree that physicians must be conversant with normal structure and function, a short coverage of the topic is irrelevant to the reader.
- Radiology of the heart. This is now used mainly to detect congestive heart failure, which is covered in our chapter on heart failure. The echocardiogram is superior for most other conditions. Thus, a discussion of radiology of the heart was omitted.
- Echocardiography. A superficial overview of this important diagnostic tool does not assist the intended audience. There are many excellent books on this subject.
- Congenital heart disease is adequately covered in pediatric cardiology texts.

The space saved by the omission of the aforementioned topics has made room in our text for expansion of areas that we believe are requirements for physicians and trainees who render care to cardiac patients. Thus, our text gives considerably more coverage than the available competing texts in the following areas:

- Coronary artery disease. Because coronary artery disease is the most common form of heart disease and manifests as acute myocardial infarction, angina, arrhythmias, heart failure, and sudden cardiac death, chapters on these topics are extensive.
- ECG. The ECG is the most commonly requested cardiac diagnostic test. Although there are sophisticated and extensive investigations available to cardiologists, the ECG is the main diagnostic test for the early diagnosis of acute myocardial infarction. To reap the benefit of saving lives, percutaneous intervention or thrombolytic therapy must be instituted at the earliest moment after the onset of symptoms; therefore, a rapid diagnosis is imperative. Early diagnosis cannot be made by evaluation of serum creatine kinase (CK) or troponin. The ECG, however, is subject to many errors in interpretation; many conditions mimic the electrocardiographic diagnosis of infarction. Our text, therefore, has in-depth coverage of the electrocardiographic diagnosis of myocardial infarction.
- Valvular heart disease is a common problem. Diagnostic pearls are bulleted; management is covered succinctly and with appropriate depth.
- Drug therapy of heart diseases. Practical cardiovascular pharmacology is a strong point of this book because it is the final prescription given to a patient after a consultation that ameliorates symptoms and saves lives. The prescription may, however, cause adverse effects and inadvertently increase the risk of death. Inappropriate prescribing of cardiovascular drugs is not an uncommon occurrence. Our book aims to strengthen the physicians' expertise in this vast area of relevant cardiovascular therapeutics. The old query, "What harm have you done today, Doctor?" still holds.

In the preparation of the text, we insisted that the discussion of appropriate therapy should be based on sound pathophysiologic principles to further strengthen the physician's ability to formulate a reasonable plan of management. Appropriate management and decision-making strategies require integration and orchestration of the following:

- Accurate diagnosis
- Pathophysiological implications
- Prediction of outcome or risk stratification
- Knowledge of the action of pharmacological agents and their correct indications
- Advantages and disadvantages of interventional therapy

To cover this wealth of clinical information, we prepared a succinct and straightforward text, highlighted by bullets to allow rapid retrieval of information. Chapters are formatted as follows: diagnosis and then therapy.

This clinically focused text should find a place in the hands of all residents in internal medicine and all clinicians.

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