

# Preface

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Cardiovascular disease is highly prevalent throughout the world. The American Heart Association estimates that in the year 2009, the direct and indirect costs of cardiovascular disease in the United States will approximate one-half trillion dollars. Despite a staggering series of discoveries and innovations over the last five decades, cardiovascular disease remains the leading cause of morbidity, disability, and mortality among men and women. The pace of progress in the field of cardiology is rapid and keeping up with medical, surgical, and diagnostic breakthroughs is quite challenging. Our ability to beneficially impact cardiovascular disease has grown exponentially. Clinical trials and novel insights from basic scientific and clinical investigation continually transform what, when, and how we have come to do things in cardiovascular medicine. The frequency with which national guidelines and recommendations of best practice are promulgated for a variety of cardiovascular disease states is accelerating and their complexity is growing. Unfortunately, adherence to national guidelines and levels of patient goal attainment nationwide tend to be relatively low. Many proven, highly efficacious therapies and interventions remain underutilized.

Primary care clinicians must play a larger role in the prevention, diagnosis, and management of cardiovascular diseases. A high clinical priority in contemporary medicine is the prevention of disease. It has now become routine to screen patients for such disorders as dyslipidemia, hypertension, metabolic syndrome, diabetes mellitus, heightened systemic inflammation, and albuminuria, all of which impact risk for atherosclerosis. Early identification of established disease is also critical so as to prevent progression and long-term adverse clinical sequelae, such as myocardial infarction, stroke, heart and renal failure, claudication and lower extremity amputation, and thromboembolic phenomena. In addition to laboratory measures of genetic and metabolic background, it is important to cultivate clinical skills and proficiency in using imaging modalities to characterize such anatomical abnormalities such as coronary artery and peripheral arterial disease, aortic aneurysms, and cardiac valvular disease. A critical feature of long-term care is ensuring that specific disease states remain optimally treated through lifestyle modification and pharmacologic intervention and that patients remain compliant with these therapies lifelong. Primary care clinicians play critical roles in all of these areas.

*Comprehensive Cardiovascular Medicine in the Primary Care Setting* was written for the busy, practicing clinician. There are numerous exceptional texts in cardiovascular medicine of encyclopedic scope, which are for the most part targeted toward specialist audiences. Given the high prevalence of cardiovascular diseases, we have developed a text in cardiovascular medicine that addresses the needs and gaps in knowledge of primary care clinicians. More and more cardiovascular diseases are being identified and managed by primary care clinicians in its subclinical, acute, and chronic stages. Our principal aim in this book is to provide comprehensive coverage of cardiovascular disease in an authoritative and easy to apply manner. Concept is intricately balanced with practical utility. The pathophysiology of specific cardiovascular diseases is explained. Algorithms, case studies, and recommendations on evidence-based best practice are presented in every chapter. There is appropriate emphasis on optimal approaches to pharmacologic management. Each chapter begins with a bulleted list of the 10–12 most important points for each disease state addressed. This volume is not intended to be encyclopedic; rather, it is designed to help the busy practitioner perform assessments, initiate and guide efficacious therapy, and know when referral to a cardiologist or cardiovascular surgeon is indicated. The book is divided into five main sections: cardiovascular disease risk factors, coronary artery disease, peripheral forms of venous and arterial disease, cardiac disease, and cardiac imaging. Improving the quality of patient care and expanding scope of practice are our ultimate goals. We sincerely

hope this book also helps foster greater cooperation and synergy between primary care clinicians, cardiologists, and cardiovascular surgeons.

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