

Thoughts provoked by this issue

The February 2017 issue of the Anatolian Journal of Cardiology includes nine original studies. Reading four of these studies, I realized that more general conclusions can be made from the study results, beyond the patient populations in the studies. I would like to examine these conclusions.

One of the studies (Çavuşoğlu et al.), conducted with heart failure patients with low ejection fraction, analyzed the effect of follow-up after the education of doctors, nurses and patients on clinical outcomes. Although no difference was found in terms of death, the study showed that follow-up, including patient education, was effective in the recovery of the symptoms, in hospitalization and in cardiovascular death, which are other end points usually included in the combined primary end point in major heart failure trials. This finding emphasizes the importance of providing education to patients, who are not sufficiently educated about their diseases in Turkey as in many other countries around the world. Even if it is recommended in current medical practices, physicians and assisting personnel cannot find opportunity and time for patient education due to their intensive daily routines. However, the results of this study show that a personnel investment will be very useful to make time and create opportunities for patient education. Patient education will enable the involvement of patients in the diagnosis, treatment and follow-up processes, reduce the frequency of re-referrals to hospital and hospitalizations and allow savings in health costs by preventing significant workforce loss. The results of this study, which was conducted with a specific patient group in cardiology, are important because they emphasize the numerous benefits of education and can be reflected in general community life.

Another study conducted with nursing students (Vural et al.) indicates that education is still provided insufficiently, although it is known how it should be provided. The results of this questionnaire study showed that students had satisfactory levels of theoretical knowledge on cardiopulmonary resuscitation; however, they had significantly insufficient knowledge on how to apply this process. This proves once again that theoretical and practical education cannot be carried out together. It is obvious that no matter how much theoretical knowledge someone who will apply a life-saving procedure has, the procedure will fail if they do not know how to apply it. The results of this study highlight the rule of providing theoretical and practical education, a universal rule of education, once again.

A general definition of guidelines is that they are framework documents that lead practitioners' diagnosis and treatment. The process of creating a guide is similar around the world. Studies of a selected subject are identified and classified according to their characteristics. Their level of evidence is determined, and specialists establish a consensus if there are no relevant studies. Then the document is written. This general definition implies that guides for a subject should be similar to each other even if they are written at different places around the world. However, the study which indicates how different the guides on dyslipidemia written in Europe and America can be when they are applied for the patients candidate for primary prevention. Yılmaz et al. prove that guidelines are not similar in the real life. Guidelines can cause us practitioners to be confused despite being expected to facilitate our work. The pragmatic approach to eliminate this confusion can be that Turkish practitioners adopt and apply the European guides since Turkey is closer to Europe. However, this approach is not scientific. Guidelines are not unquestionable since science depends on questions. We should have sufficient scientific knowledge to questioningly assess these documents when we read them. Thus we can get rid of the conflict of which format should be used and gain the ability to individualize and frame information for patients.

The last study I will address (Jakl et al.) is important because it shows the relationship between laboratory results and clinical results. The effect of platelet reactivity, measured in the laboratory using various methods under antiplatelet treatment during the treatment of coronary artery diseases, on clinical outcomes is still interesting. This study indicates that the frequency of coronary events increase if platelet hyperreactivity exists under antiplatelet treatment. Although the study does not aim to answer this question, the crucial question on this issue is what should be done to prevent clinical events if platelet hyperreactivity exists. The laboratory is useless at this point. None of the studies conducted using various methods to measure platelet reactivity, which include re-arrangement of the antiplatelet treatment for cases found to be hyperreactive resulted in positive outcomes.

With this article I greet you for the first time in the new year. I wish all of you health, peace, success and scientific productivity.

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