



Series will emphasize practical cardiac diagnosis and management

In this issue's cardiovascular board review, Drs. Bret Rogers, Mark Iler, and Arman Askari discuss an 80-year-old patient who develops a stuttering course of chest pain and dyspnea.

This case scenario is based on that of a real patient in the cardiac care unit at Cleveland Clinic. Dr Askari is the associate director of the fellowship training program in cardiovascular medicine here, and he has recently joined the editorial board of the *Journal*. Following the lead of Dr. Brian Griffin and Dr. Curtis Rimmerman, other cardiologists on our editorial board, Dr. Askari will be a regular contributor to the cardiology board review series.

Our goal is to regularly provide teaching vignettes that emphasize practical aspects of patient diagnosis and management. Patients will be selected from the roster of those admitted to our cardiac care units.

Today's hospitalized patients are sicker than in the past. Our normal floors now seem equivalent to the step-down units of 5 years ago. Our intensive care units at times seem forbiddingly high-tech and impersonal—more like the spaceship in Stanley Kubrick's *2001: A Space Odyssey* than a place where people would go to get better after a heart attack.

Nonetheless, in this series we plan to de-emphasize the technical aspects of clinical cardiology care in the cardiac intensive care unit. We will review real clinical syndromes and some thorny management issues and try to emphasize both the experiential and the data-driven approaches to diagnosis and treatment—eminence-based and evidence-based medical care.

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