

THE AMERICAN JOURNAL *of* MEDICINE®

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- 1410 **Integrated Care for Atrial Fibrillation Management: The Role of the Pharmacist**
Leona A. Ritchie, Peter E. Penson, Asangaedem Akpan, Gregory Y.H. Lip, and Deirdre A. Lane

Pharmacists are a potentially untapped resource in relation to integrated atrial fibrillation care, with the potential to expedite integrated care across the health care continuum: hospital, community pharmacy, and general practice.

- 1427 **Inter-Individual Variability in Lipid Response: A Narrative Review**
Swagata Patnaik, Matias E. Pollevick, Kyla M. Lara-Breitinger, and Neil J. Stone

Patients and clinicians need to know the expected response to lipid-lowering interventions. A systematic approach to patients who exhibit an inadequate response to medication can help patient and clinician optimize lipid-lowering approaches.

- 1434 **Red Flags in Syncope: Clues for the Diagnosis of Idiopathic Ventricular Fibrillation**
Bernard Belhassen and Oholi Tovia-Brodie

Major efforts are necessary to prevent the occurrence of idiopathic ventricular fibrillation. Accurate diagnosis of syncope episodes that have occurred in the patient's history may provide a significant beneficial impact toward prevention.



0002-9343(202212)135:12;1-S

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Inflammatory bowel disease is associated with an increased risk of coronary artery disease, atrial fibrillation, stroke, and increased risk of heart failure hospitalization. Gastroenterologists and cardiologists need to work together to optimize care for patients with inflammatory bowel disease and associated cardiac diseases.

- 1461 Elevated NT-ProBNP as a Cardiovascular Disease Risk Equivalent: Evidence from the Atherosclerosis Risk in Communities (ARIC) Study**
Justin Basile Tcheugui, Sui Zhang, John William McEvoy, Chiadi E. Ndumele, Ron C. Hoogeveen, Josef Coresh, and Elizabeth Selvin

In a large cohort of individuals with no prior history of cardiovascular disease, elevated NT-proBNP levels helped define the extent of cardiovascular risk. It might be appropriate to manage adults with elevated NT-proBNP as if they had a history of clinical cardiovascular disease.

- 1468 Adverse Events After Initiating Angiotensin-Converting Enzyme Inhibitor/Angiotensin II Receptor Blocker Therapy in Individuals with Heart Failure and Multimorbidity**
Mayra Tisminetzky, Jerry H. Gurwitz, Grace Tabada, Kristi Reynolds, Stephen P. Fortmann, Elisha Garcia, Thu Pham, Robert Goldberg, and Alan S. Go

Routine laboratory monitoring of serum creatinine and potassium after ACEI/ARB initiation may not be effective in preventing 30-day death and related hospitalizations among all individuals with heart failure who newly initiate ACEI/ARB therapy.

- 1478 Guide to the Female Student Athlete ECG: A Comprehensive Study of 3466 Young, Racially Diverse Athletes**
Chelsea S. Harris, Victor F. Froelicher, David Hadley, and Matthew T. Wheeler

Consideration of new metrics specific to the female athlete population has the potential to further refine athlete ECG screening. The addition of age, race, and ethnicity can provide nuanced ECG interpretation. Future guidelines may want to include extremes of RS voltage as abnormalities.

1488 Structural Cardiac Abnormalities in Patients with Atrial Fibrillation/Flutter and Myocardial Injury

Laura De Michieli, Ronstan Lobo, Luciano Babuin, Rowlens M. Melduni, Sabino Iliceto, Abhiram Prasad, Yader Sandoval, and Allan S. Jaffe

In patients with atrial fibrillation or flutter and elevated hs-cTn values, acute coronary events and heart failure were common, but in those who did not manifest an overt cause, other structural heart abnormalities were ubiquitous.

1497 Activities of Daily Living and Outcomes in Patients with Advanced Heart Failure

Alexandria R. Roy, Jill M. Killian, Phillip J. Schulte, Véronique L. Roger, and Shannon M. Dunlay

Difficulty performing activities of daily living is common among patients living with advanced heart failure. These patients are at high risk of mortality and hospitalization regardless of impairment in activities of daily living. Interventions are needed to prevent the onset of functional disability in heart failure.

 **AJM ONLINE**

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On the Cover: Ganguly and Chandra, *Cullen Sign and Grey Turner Sign in Acute Pancreatitis*: Abdominal examination showing distended abdomen with reddish discoloration in the periumbilical area (Cullen sign). doi.org/10.1016/j.amjmed.2022.07.019