

Evidence-based Brazilian Cardiovascular Medicine

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Evidence-based medicine has become increasingly important in national and international Cardiology. The *Sao Paulo Medical Journal* aims to publish articles from all medical fields, focusing on evidence-based Medicine. Original articles, systematic reviews, case reports and Cochrane's articles of interest are published.

During the period 2009-2011, 20 articles were published on cardiovascular medicine¹⁻²⁰. Of these, five were systematic reviews and well performed meta-analysis, addressing cardiac resynchronization in patients with heart failure¹, drug treatment of hypertensive urgencies³, valve diseases¹², Marfan syndrome¹³ and statins for aortic stenosis¹⁶.

We also emphasize Cochrane's articles of interest, which covered topics such as drug intervention in obese children², first-line drugs for the treatment of hypertension⁶, anticoagulation management¹⁰, oxygen therapy for acute myocardial infarction¹⁴ and transmyocardial laser revascularization *versus* medical treatment for refractory angina²⁰.

Among the original articles published, the one by Canti et al.⁴ is noteworthy, which evaluated 40 women with preeclampsia (study group) and 14 pregnant women with normal blood pressure (control group).

These women had been followed ten years before and had undergone clinical and laboratory assessment. Patients that had had preeclampsia ten years before or longer had higher diastolic blood pressure, body mass index (BMI) and larger waist circumference, when compared to the control group. Zambon et al.⁸ selected 222 men and divided them into two groups: men with erectile dysfunction (n = 111) and men without erectile dysfunction (n = 111). Patients were stratified according to the International Index of Erectile Function (Erectile Function domain, IIEF-EF domain).

C-reactive protein levels and Framingham risk score were analyzed, and the two groups were compared. C-reactive protein levels were significantly higher in men with erectile

dysfunction (Pp = 0.04). Patients with erectile dysfunction also had a high Framingham risk score (Pp = 0.0015), suggesting that men with erectile dysfunction have a higher cardiovascular risk.

Mishra et al.¹¹ evaluated the prevalence of common thrombophilia markers and risk factors in patients with primary venous thrombosis. The popliteal vein was the most often affected site, and a total of 44 samples (56%) showed abnormal results. The most frequent findings were increase in fibrinogen and APC-R (17.9% each), and low protein S levels (16.6%). Matos et al.¹⁵ studied the correlation of anthropometric indicators to identify insulin sensitivity and resistance. They analyzed 61 individuals with normal fasting glucose and 43 overweight women, determining: BMI, waist circumference (WC), waist-hip ratio (WHR), waist-height ratio (WHtR), conicity index, as well as HOMA-IS and HOMA-IR. The most promising indicators of insulin sensitivity in subjects with normal fasting glucose levels were BMI, WHtR and WC. Among overweight women, the WHtR showed a higher correlation with insulin resistance.

Fodor et al.¹⁹ evaluated the association between osteoporosis and atherosclerosis in postmenopausal women. The aim of this study was to determine the association between the thickness of the intima and media layers of common carotid arteries, the atherosclerotic plaques and bone density. The results showed that in women with osteoporosis, there is an association between the media and intima layer thickness of the carotid arteries and atherosclerosis. The mean intima thickness (Pp <0.001), hypertension (Pp = 0.005) and osteoporotic vertebral fractures (Pp = 0.048) correlated with atherosclerotic plaque development.

The *Sao Paulo Medical Journal*, in the person of its editors, editorial board members and reviewers, has been working continuously to develop and improve the journal. It is a great pleasure to share our work with the *Brazilian Archives of Cardiology*, and together contribute to the development of the *Brazilian Cardiovascular Medicine*.

Keywords

Meta-analysis; cardiology; Brazil; evidence - based medicine.

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