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ESC Gold Medallists 2017

The ESC Gold Medal recognized inspiring figures in echocardiography and interventional cardiology at European Society of Cardiology Annual Congress on 27 August 2017

The purpose of the European Society of Cardiology (ESC) Gold Medal is to recognize the outstanding achievements of exceptional cardiologists for their contribution to medicine. The 2017 recipients were echocardiographer Professor Anthony DeMaria (Judy and Jack White Chair in Cardiology, UCSD Medical Center, Division of Cardiovascular Medicine, San Diego, CA, USA) and interventional cardiologist Professor William Wijns (National University of Ireland, Galway, Ireland).



The ESC Gold Medal, says Prof. DeMaria, provides ‘tangible evidence’ that the hard work and sacrifices made by himself and family have ‘yielded something of value’. He added: ‘My career was in large measure determined by being in the right place at the right time, and getting to work with really talented people.’

Indeed, DeMaria’s introduction to echocardiography occurred after he stumbled across a lecture by Harvey Feigenbaum (the Father of Echocardiography) at an American Heart Association meeting. The encounter inspired DeMaria to become an early adopter of M-mode, followed by 2D, pulse Doppler, and 3D. Prof. DeMaria embarked on a research programme undertaking observational studies using echocardiography in mitral prolapse, left bundle branch block and Wolff–Parkinson White Syndrome, and later his work on microbubbles opened up the field of myocardial contrast echo as a method to examine myocardial perfusion.

More recently, he has been involved in trials using stem cell preparations to improve clinical outcomes in ischaemic cardiomyopathy, and he is exploring ways to track the location and survival of stem cells after injection.

Prof. DeMaria’s other career milestones include becoming the youngest-ever president of the American College of Cardiology in 1988 and being Editor-in-Chief of the *Journal of the American College of Cardiology* from 2002 to 2014. Being entrusted to evaluate the research of others, he describes as ‘an awesome and sacred responsibility’. In this post, he

relished writing his monthly editor’s page, focused on the human aspects of medicine, altogether clocking up more than 120 editorials. However, Prof. DeMaria feels that his most enduring contribution has been overseeing the training of ‘some extraordinarily talented cardiologists’, who went on to become ‘thought-leaders in their medical communities’.

Throughout Prof. DeMaria’s career the ESC Congress has been a fixture in his calendar. He notes: ‘I think the ESC Congresses that I have attended have become better and better every year’.



William Wijns modestly believes that his ESC Gold Medal is in recognition of the entire field of percutaneous coronary intervention (PCI), which last year celebrated its 40th anniversary, rather than just his own contribution. But, there can be little doubt William Wijns—who in 2006 facilitated the merging of EuroPCR and the ESC Working Group on Coronary Intervention into the European Association for Percutaneous Cardiovascular Intervention (EAPCI)—is a major figure-head in PCI. ‘The EAPCI has been really good for patients because concepts such as the heart team are much more obvious to implement when you don’t work in isolation on your little interventional island,’ he says.

William is also co-director of EuroPCR, a world-leading course in interventional cardiovascular medicine which each may bring together 12 000 participants in Paris, chairman of PCR and a deputy editor of the *European Heart Journal*.

Highlights of Wijns time with the ESC include his chairmanship of the ESC Congress Programme Committee (2002–2004), the European Health Charter in 2007, and the Stent for Life initiative. He launched the latter with Prof. Petr Widimsky in 2008 to encourage better access to life-saving primary PCI interventions for acute myocardial infarction, focusing on European countries where implementation of reperfusion therapies was lagging. The success of the programme justified its extension to other continents including South East Asia, Latin America, and Africa. He has also enjoyed a

distinguished research career outside coronary interventions, showing that under repeated and chronic ischaemic conditions, heart cells change their phenotypes, accumulating glycogen and losing contractile proteins, and has undertaken stem cell research for acute myocardial infarction and heart failure. The ESC Congress, he maintains, provides the perfect opportunity for interventional cardiologists to network with other colleagues. ‘You gain new insights that help to give you a different appreciation of your work when you get home,’ he says. ‘With

the ever-increasing powerful synergy between device and drug-based therapies, it offers a unique opportunity to learn about the latest progress in pharmacotherapy’.

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Conflict of interest: none declared.

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Hypertension Guidelines

How the recent 2017 American Guidelines for hypertension in adults differ from the 2013 ESH/ESC Guidelines

At the last meeting of the American Heart Association (AHA) in November 2017, the new 2017 *High Blood Pressure Clinical Practice Guidelines* produced by the American College of Cardiology (ACC) and AHA were presented. They were published simultaneously in *Hypertension* and in the *Journal of the American College of Cardiology*.¹ These new recommendations provide major conceptual changes when compared to JNC7 guidelines or the JNC8 committee report.

In the present analysis, we shall discuss the rather major differences between 2017 ACC/AHA guidelines and those published by the European Society of Cardiology (ESC) and the European Society of Hypertension (ESH) in 2013,² knowing that these two latter societies will provide revised recommendations in 2018.

The major differences concern:

- (1) The changes in blood pressure (BP) classification, which affects the prevalence of hypertension in the population.

- (2) A larger use of out-of-office BP measurements to diagnose hypertension as well as white-coat and masked hypertension and to monitor treatment.
- (3) The greater credit given to non-pharmacological approaches.
- (4) The lower BP levels to start treating hypertension with drugs in cardiovascular (CV) risk patients.
- (5) The lower BP goals for treated hypertensive patients.

Let’s examine these differences point by point:

1. A new classification for hypertension

The biggest change of the 2017 ACC/AHA guidelines is the revision of the BP categories in hypertension. *Figure 1* illustrated these differences.

BP Category	ESH/ESC		BP Category	ACC/AHA 2017	
	Systolic	Diastolic		Systolic	Diastolic
Optimal	<120	and	<80		
Normal	120-129	and/or	80-84	Normal	<120 and <80
High normal	130-139	and/or	85-89	Elevated	120-129 and <80
Grade 1 Hypertension	140-159	and/or	90-99	Stage 1	130-139 or 80-89
Grade 2 Hypertension	160-179	and/or	100-109	Stage 2	≥140 or ≥90
Grade 3 Hypertension	≥180	and/or	≥110		
Isolated systolic hypertension	≥140	and	<90		

Figure 1 Comparison of blood pressure categories according to the European Society of Hypertension/European Society of Cardiology 2013 guidelines and American College of Cardiology/American Heart Association 2017. Values are in mmHg.