

## **Improving outcomes in hypertrophic cardiomyopathy**

1. Despite the intense and polarizing debate, both surgical myectomy and alcohol septal ablation are safe and effective procedures for treatment of obstructive hypertrophic cardiomyopathy, with excellent long-term results, if an individual approach is pursued.
2. The survival disadvantage associated with (symptomatic) left ventricular outflow tract obstruction can be effectively annulled by appropriate invasive therapy.
3. To identify patients with high risk of SCD, the use of the HCM Risk-SCD model is preferable to the risk prediction models based on 2011 and 2003 guidelines.
4. Better safe than sorry? The prevention of sudden death in patients with hypertrophic cardiomyopathy comes at a high price of inappropriate shocks and device-related complications.
5. A pathogenic mutation for hypertrophic cardiomyopathy is not necessarily bad news.
6. There is no need for therapeutic hypothermia after cardiac arrest, a target temperature of 36°C is cold enough. (Nielsen et al, N Eng J Med, November 2013)
7. Given the high and growing burden of cardiovascular disease in developing countries, it will be impossible to optimize global health without promoting cardiovascular health around the world. (Fuster et al, Circulation, April 2011)
8. Surprisingly, the privatization of health care in the Netherlands has led to an increased cost for the government, and thus for the tax-payer. (E van Ark, Follow the Money, January 2016)
9. To avoid heart disease forget the diet, get a dog. (Mubanga et al, AHA EPI/Lifestyle 2016 Abstract P206)
10. Without a dentist and a plastic surgeon there would be no coronary stents.
11. If something is so complicated that you can't explain it in 10 seconds, then it's probably not worth knowing anyway (Bill Waterson in Calvin & Hobbes, January 06, 1989)

Pieter Adriaan Vriesendorp

6 september 2016