

Acute cardiac and intensive care chronicles: navigating the intersection of cardiovascular health, recreational drug use, and beyond!

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Welcome to the Spring edition of the *European Heart Journal Acute Cardiovascular Care*! We are delighted to present a compelling array of scientific and educational content in this issue.

Recreational drug use poses a significant threat to cardiovascular health, as highlighted by Arthur Clement and colleagues in their groundbreaking study featured in this volume (reference). Their multi-centre investigation sheds light on the impact of recreational drug use on the in-hospital prognosis of patients with ST-segment elevation myocardial infarction. The findings underscore the urgent need to address this issue in clinical practice, emphasizing tailored interventions and vigilant monitoring to mitigate adverse cardiovascular outcomes.

Furthermore, Zeymer *et al.* (reference) offer valuable insights from the CULPRIT-SHOCK trial and its registry, highlighting the challenges and opportunities in managing infarct-related cardiogenic shock (CS). Their study emphasizes the pressing need for enhanced care strategies to improve patient outcomes in this critical condition. The study reaffirms the representativeness of trial patients enrolled in trials of infarct-related CS relative to the general population and reports that the extent of coronary artery disease is a primary determinant of 1-year mortality. The inclusion of registry data, covering excluded patients with single-vessel disease, included in the registry but excluded from the trial, provides a comprehensive view of treatment outcomes for infarct-related CS in specialized European centres.

In another notable study on this topic, Naumann *et al.* investigate the impact of off-hour intensive care unit (ICU) admissions on mortality rates among patients experiencing CS. Their findings underscore the importance of comprehensive, protocolized, and consistent patient

evaluation and 24/7 risk assessment to optimize outcomes in this high-risk population.

Additionally, Shin *et al.* present compelling findings on the relationship between discharge sequential organ failure assessment scores and unplanned cardiac ICU (CICU) readmissions, highlighting the critical role of pre-discharge risk assessment in guiding interventions to enhance patient outcomes.

Moreover, this edition features key insights from the American College of Cardiology 2024 Scientific Sessions, offering perspectives on four late-breaking trials in acute cardiovascular and intensive care presented in Atlanta: the Danish-German Cardiogenic Shock Trial (DanGer Shock), the IVUS-ACS and ULTIMATE-DAPT trials, REDUCE-AMI, and the AEGIS-II Trial assessing the efficacy and safety of CSL112 [apolipoprotein A-I (human)].

Lastly, in our educational series, Pascal Frederiks and colleagues delve into nutrition in critically ill cardiac patients, emphasizing its pivotal role in optimizing care within the CICU. Their recommendations provide valuable guidance for clinicians in managing malnutrition and improving patient outcomes.

We hope this edition of EHJ ACVC proves enlightening and informative.

Warm regards,

Pascal Vranckx MD, David Morrow MD, Sean van Diepen MD, Frederik Verbrugge MD editors

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