

Reply from the next generation

Cardiovascular prevention: lessons from myocardial disease and heart failure

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It is a great honor for me to reply to his memorial lecture, "Cardiovascular prevention: lessons from myocardial disease and heart failure," as one of the senior investigators in the field.

Prof. Tohru Izumi is an outstanding leader and an accomplished physician who has made a considerable contribution to advancements in the field of cardiology and medical education. He is the President of Kitasato University School of Medicine with a specialization in cardiovascular prevention and heart failure. Prof. Izumi's groundbreaking research for the past 4 decades, which confirmed that cardiovascular prevention is most important for the prevention of heart failure, has received international accolades. Under his editorial supervision, 47 experts in the field of preventive cardiology were able to publish a remarkable textbook entitled, "Preventive Cardiovascular Medicine" in Japanese, in March 2012.

Cardiovascular prevention promotes the expansion and exchange of knowledge with the ultimate goal of improving cardiovascular health across the lifespan of the patient. We should promote basic, clinical, epidemiological, and translational science related to nutrition, lipids, obesity, diabetes, physical activity, and lifestyle change to prevent cardiovascular diseases and improve cardiovascular health. In his retirement memorial international symposium, Prof. Izumi presented strategies for the prevention of cardiovascular disease and heart failure.

One of the most important messages of his presentation was that if we think in terms of physical ability in elderly patients "standing on only one leg" is a simple and helpful test for reference. Another valuable message is that cardiovascular rehabilitation is a cost-effective, life-enhancing, and life-saving treatment for patients with cardiovascular disease, particularly for

patients recovering from an acute cardiovascular event. A limited number of patients with cardiovascular disease benefit from rehabilitation procedures, partly because a limited number of rehabilitation services are available, and partly because of a lack of adequately trained professionals. Indeed, health professionals involved in cardiovascular rehabilitation should clearly indicate their specific competencies and have an accredited program of education and training to meet proposed standards for the management and rehabilitation of patients with coronary heart disease.

The resources and actions within the health care systems do not reflect measures to increase the awareness of the importance of cardiovascular prevention. Secondary prevention through exercise and cardiac rehabilitation by comprehensive lifestyle modification is the best approach for reduction in the morbidity and mortality of coronary artery disease, in particular after myocardial infarction, but also after cardiac interventions and chronic stable heart failure. A number of clinical trials are currently underway under Prof. Izumi's talented leadership in areas, such as interventional cardiology, heart failure, clinical electrophysiology, cardiovascular epidemiology, and basic science of cardiovascular medicine. Medical and co-medical alumni at Kitasato University have received a great deal of benefit from his excellent management of the faculty and patient-oriented educational style.

It is said that when one door closes, another opens. Thus, I believe that Prof. Izumi will continue to contribute further towards the development of cardiovascular prevention to elucidate and resolve many sociomedical problems.

Finally, it is my great pleasure to send a farewell message to Prof. Izumi on behalf of the Divisions of

Cardioangiology and Cardiac Rehabilitation, Kitasato
University.

We deeply appreciate your continued support and
cooperation.