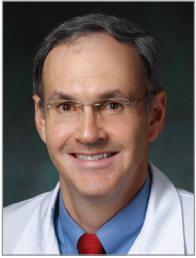


## PERSPECTIVE



Roger S. Blumenthal

The new BP guidelines are a comprehensive document that emphasizes the importance of lifestyle changes to obtain < 130 mm Hg systolic/80 mm Hg diastolic. They rely more on observational data and the SPRINT trial results, while the American College of Physicians/American Academy of Family Physicians guidelines did not encourage pharmacologic treatment in older adults if their systolic BP was less than 150 mm Hg.

– **Roger S. Blumenthal, MD**

*Cardiology Today* Prevention Section Editor

Johns Hopkins Ciccarone Center for the Prevention of Heart Disease

**Disclosure:** Blumenthal reports no relevant financial disclosures.

## PERSPECTIVE



Darren McGuire

Positive efficacy outcomes from a series of large randomized trials of type 2 diabetes drugs have revolutionized the care of these high-risk patients. We finally have therapeutic options that go far beyond glucose control and actually reduce CV risk.

– **Darren McGuire, MD, MHSc**

*Cardiology Today* Editorial Board Member

University of Texas Southwestern Medical Center, Dallas

**Disclosure:** McGuire reports he received personal fees for clinical trial leadership from AstraZeneca, Boehringer Ingelheim, Eisai, GlaxoSmithKline, Janssen

Research and Development LLC, Lexicon, Lilly USA, Merck Sharp and Dohme, Novo Nordisk and Takeda

Pharmaceuticals and personal consultant fees from Merck Sharp and Dohme, Novo Nordisk, Regeneron and

Sanofi Aventis Group.

## PERSPECTIVE



Rita Redberg

The ORBITA trial shows us the power of placebo when we do procedures and the importance of having a sham control, so we can avoid attributing the placebo benefit to a procedure. The FDA should require such high-quality evidence before device approvals, as it is hard for people to accept even high-quality evidence once patterns are established, such as for PCI.

– **Rita Redberg, MD**

*Cardiology Today* Editorial Board Member

University of California, San Francisco

**Disclosure:** Redberg reports no relevant financial disclosures.

## PERSPECTIVE



William H. Frishman

The management of systemic hypertension by dietary and pharmacologic means has had a major impact on CV events with reductions in the risk for stroke, MI, HF (both systolic and diastolic), renal dysfunction and cognitive disorders. At this time, all the drugs for the treatment of hypertension are generic, inexpensive and, for the most part, well tolerated, making cardiac protection a cost-effective intervention for the American population.

– **William H. Frishman, MD**

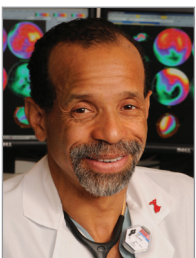
*Cardiology Today* Editorial Board Member

New York Medical College

Westchester Medical Center

**Disclosure:** Frishman reports no relevant financial disclosures.

## PERSPECTIVE



Kim Allan Williams Sr.

The vegan diet has increased 500% in the past 3 years, but high-fat and high-calorie meals still plague the majority of Americans and underpin the epidemic of obesity, hypertension and diabetes. We have therapies for each, but treating this growing population is weighing heavily on the health care budget.

– **Kim Allan Williams Sr., MD**

*Cardiology Today* Editorial Board Member

Rush University Medical Center

Past President, American College of Cardiology

**Disclosure:** Williams reports no relevant financial disclosures.

## PERSPECTIVE



Peter Libby

The 2017 AHA/ACC guideline goes a long way to remedying the confusion and brings the U.S. guidelines in closer conformance with those in other jurisdictions. Resolving some of the controversies that surrounded the previous U.S. statements should dispel confusion and improve the management of this important risk factor.

– **Peter Libby, MD**

*Cardiology Today* Vascular Medicine Section Editor

Brigham and Women's Hospital

Harvard Medical School

**Disclosure:** Libby reports no relevant financial disclosures.