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Short Perspective **Published Date:- 2024-12-11**

Call to Action! Hypertension and Dyslipidemia in Mexico: Underestimated Deadly Duo

Background: High blood pressure and dyslipidemia are risk factors that begin silently and share many pathophysiological mechanisms of tissue damage.
Aim: Draw attention to this binomial (Hypertension and dyslipidemia) that is highly prevalent in Mexico and is mainly responsible for the leading atherothrombotic process as a cause of death in Mexico and the world.
Methods: Reflective analysis of the evidence accumulated in the last 20 years. We launch key messages and support why every hypertensive patient should be treated with a statin.
Results: We call for awareness to measure lipid levels and blood pressure twice a year from the age of 20 and to detect these devastating nosological entities as soon as possible. We remove the myth that PCSK9 inhibitors as well as the small interfering RNA of its synthesis are only for familial dyslipidemia. Measurement of serum Lp(a) should be routine, especially if you have a history of your own and family cardiovascular events.
Conclusion: We should be aware of the little impact that health strategies have had to stop the main cause of death in Mexico. Every hypertensive patient should receive a statin, even if their serum LDLc levels are apparently normal. The great challenge of optimal control of the population with hypertension and/or dyslipidemia continues. The small interfering RNA synthesis PCSK9 should also be considered when conventional therapies are not sufficient and this situation is not infrequent.

Research Article **Published Date:- 2024-09-12**

Evaluation of Long-term Antithrombotic Management for Atrial Fibrillation Patients with a History of Coronary Stent Implantation

Purpose: American expert consensus publications recommend discontinuation of antiplatelet agents 6 to 12 months after Percutaneous Coronary Intervention (PCI) in patients with Atrial Fibrillation (AF) who require chronic anticoagulation, and use of oral anticoagulant monotherapy thereafter. This study aimed to assess real-world long-term antithrombotic therapy management practices and factors associated with the continuation of antiplatelet agents past 12 months post-PCI in patients with AF requiring chronic anticoagulation.
Methods: Patients with AF and a history of PCI greater than 12 months before their most recent encounter with physicians at an outpatient electrophysiology clinic were identified by chart review. Patient demographics, clinical characteristics, and current antithrombotic regimen were collected from encounters that occurred between July 2019 and June 2022. The independent predictive factors associated with the continuation of antiplatelet agents were identified using univariate and regression analyses.
Results: Out of 66 patients, 67% continued antiplatelet therapy for greater than 12 months post-PCI. Patients on antiplatelets were significantly less likely to have bare metal stents ($p = 0.006$), be greater than five years post-PCI ($p = 0.002$), and have a HASBLED score of two or less ($p = 0.028$) when compared to patients on oral anticoagulant monotherapy. Bare metal stent history ($p = 0.045$) and HASBLED score of two or less ($p = 0.016$) were also significant in regression analysis.
Conclusion: This study found that most patients with AF and a history of PCI continued antiplatelet therapy longer than 12 months post-PCI, often despite the high bleeding risk.
