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EDITORIAL

In this issue, we feature a review article by Dr. Inês Gonçalves and collaborators, set in the context of General and Family Medicine from inland Portugal, on a frequently revisited topic: the importance of hyperuricemia in cardiovascular risk. The authors – in line with the latest literature – acknowledge the significance of this marker. This often-overlooked relationship reflects the “dysmetabolism” represented by elevated uric acid, which is associated with other entities linked to cardiovascular risk, notably diabetes mellitus and, of course, arterial hypertension. Thus, as the authors emphasize: “proper management of hyperuricemia may be crucial in reducing cardiovascular risk.”

Another highly relevant article, in a different context, by Dr. Rodrigo Duarte and collaborators, is precisely the “Characterization of Arterial Hypertension in an Internal Medicine Department.” Contrary to expectations and established recommendations, the authors state, “there was a reduction in the choice of single-pill combination therapy” in patients admitted with complications related to hypertension, when they leave hospital. This finding needs to be better understood and will certainly be revisited in future publications.

The clinical case presented by Dr. Andreia Gi and collaborators, also in the context of Family Medicine, draws attention to the hypertension profile associated with aortic insufficiency (classically described as presenting “elevated pulse pressure” – that is, a very high difference between systolic and diastolic blood pressure). Although



the recorded hypertension is merely the physiological manifestation of the greater volume imposed by aortic insufficiency, the article reinforces the importance of careful physical examination in hypertensive patients. We would like to have the description of the transesophageal echocardiographic study mentioned in the text. We believe, this would enlighten the “functional bicuspid aortic valve”, as the most common congenital heart disease: bicuspid aortic valve disease, frequently associated with a recognized cause of secondary hypertension - coarctation of the aorta.

Finally, this issue includes a note regarding the partnership between the Portuguese Society of Hypertension and the “Portugal Stroke” initiative, which aims to promote a research grant focused on the theme “Life After Stroke.”

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