

## Foreword



### **Joachim R Ehrlich**

Joachim R Ehrlich is currently Head of Cardiology and Electrophysiology at St. Josefs-Hospital, Wiesbaden, Germany. He completed his internship and residency training in medicine at Goethe University, Frankfurt, Germany and gained a fellowship in basic cardiac electrophysiology at the Montreal Heart Institute, Montreal, Canada. Following fellowships in cardiology and electrophysiology at Goethe University, Dr Ehrlich gained German Cardiac Society certifications in interventional cardiology and electrophysiology in 2014. Dr Ehrlich has specific scientific expertise in basic cardiac electrophysiology, with a focus on atrial fibrillation research. His further research interests comprise management of cardiac arrhythmias, cardiac resynchronization therapy, genetically determined cardiac arrhythmia syndromes and risk stratification for sudden cardiac death. Dr Ehrlich is a Fellow of several scientific organisations, including the American Heart Association, the Heart Rhythm Society, the European Heart Rhythm Association and the European Society of Cardiology, among others. He serves on the editorial boards of several scientific journals, including Heart Rhythm, the Canadian Journal of Cardiology and the European Journal of Arrhythmia & Electrophysiology.

**W**elcome to a new issue of the *European Journal of Arrhythmia & Electrophysiology*. As the ongoing coronavirus disease 2019 (COVID-19) pandemic continues to provide unprecedented challenges for electrophysiologists and other healthcare providers who manage arrhythmias, we hope you find these topical articles interesting and useful.

We begin with an editorial from Professor Hugh Calkins and the Arrhythmia Alliance, discussing their new initiative in supraventricular tachycardia (SVT), developing the SVT Centres of Excellence programme and their new SVT Pioneers Report. We then feature a commentary by Boehmer et al. on the latest European Society of Cardiology (ESC) guidelines on electrocardiogram (ECG)-based detection, differentiation and treatment of SVT for the non-electrophysiologist.

The remainder of this issue consists of review articles. Priya et al. discuss the importance of collaboration with endocrinologists in the treatment of patients with rhythm disorders, as the identification and management of underlying endocrine disorders can significantly reduce the risk of arrhythmias. There is also a need for cardiac vigilance during the management of many endocrine disorders.

Atrial fibrillation (AF) and heart failure have emerged as cardiovascular epidemics in the past decade, and the two are closely associated. Ciszewski et al. provide an insight into the challenges of appropriate AF management among cardiac resynchronization (CRT) recipients, together with a summary of the current state of knowledge of different AF treatment strategies in the context of CRT, and advice for optimal treatment strategies.

An increasing body of evidence has shown that COVID-19 is associated with a high incidence of cardiac arrhythmias. Parashar et al. describe the variety and prognostic significance of arrhythmias in critically ill patients with COVID-19, and also consider the mechanisms underlying these arrhythmias and their optimal management.

Vasovagal syncope is a common and generally benign condition, but has a significant impact on quality of life in patients with recurrent syncope, particularly in older adults. Dani et al. describe recent studies that have highlighted the multifactorial nature of this condition, and also discuss the need for combined management approaches including education, psychological wellbeing, dietary and fluid intake, pharmacotherapy and cardiac intervention.

Type 2 diabetes impacts the electrical conduction system in the heart, and is associated with an increased risk of AF. Tse et al. outline the potential pathogenesis mechanisms underlying this association, and the conflicting evidence regarding the utility of radiofrequency (RF) catheter ablation in these patients. RF catheter ablation is also the subject of our final review, in which Kollias and Puererfellner consider the potential advantages of high-power, short-duration ablation for the treatment of AF compared with conventional low-power, long-duration procedures.

*European Journal of Arrhythmia & Electrophysiology* would like to thank our expert authors for providing insightful and thought-provoking articles. We are also grateful to all organizations and media partners for their ongoing support, as well as our editorial board for their continued involvement and advice. Please also take the opportunity to look at the videos on our website, touchCARDIO.com, which features a wealth of content from experts in electrophysiology. Finally, we hope you all stay safe and well during these difficult times. □