To the Editor: After reading Dr. Berenson's article in the November 2010 issue of the *Methodist BeBakey Cardiovascular Journal*,[1] I was reminded of an editorial I wrote in September 1992 in Clinical Cardiology. Gerry Berenson was the stimulus that led me to write that piece.[2] I have included some excerpts from that editorial relating to hyperlipidemia in children.

Facts

1. Children born in the United States have higher blood cholesterol levels compared with the same population in other countries.
2. Autopsy studies have shown fatty streaks and atherosclerotic plaques in the blood vessels of young people dying of other causes.
3. Blood levels of LDL cholesterol correlate with the extent of early atherosclerotic lesions in young people
4. Children and teenagers with elevated LDL cholesterol levels often have older family members with coronary heart disease.
5. Young persons with high cholesterol levels have persistently higher levels when they become adults more commonly than do children with low cholesterol levels.

Who should be treated for hypercholesterolemia?

The answer to this question entails much more than simply obtaining blood cholesterol or lipoprotein studies. Obviously, the initiation of treatment in an adolescent is a serious undertaking since one must consider such things as the growth and development of the patient — something that one doesn't worry about in the adult. It is my understanding that children and adolescents whose total cholesterol and LDL cholesterol (total cholesterol 170-199 mg/dl, LDL cholesterol 110-129 mg/dl) should be treated first with diet; and, if that does not result in a satisfactory result, drugs should be instituted by the pediatrician/general practitioner or lipidologist caring for the patient.

How can an adult cardiologist influence or practice the prevention of coronary heart disease in the child and adolescent?

Children and adolescents without symptoms rarely come in contact with adult cardiologists. In fact, adult cardiologists rarely see adult patients who have no symptoms or other evidence of myocardial ischemia such as a positive exercise test. Thus, it is difficult for an adult cardiologist to advocate strategies to prevent the development of risk factors even in adults, since we don't have contact with the appropriate subset of the population.

However, the adult cardiologist does have frequent contact with adult patients who have clinical manifestations of coronary heart disease. In these patients, we are treating them to prevent the end product of multiple risk factors, i.e. myocardial infarction, unstable angina, atrial and ventricular arrhythmias, sudden cardiac death, and heart failure.

Should we not consider giving advice about prevention for the offspring of these patients, e.g. prevention of obesity, smoking, hyperlipidemia, hypertension, diabetes etc.? By preventing the risk factors for cardiac disease, we have the opportunity to educate our adult patients that family members, especially the young, may be at high risk for coronary heart disease if they develop the usual risk factors. As Berenson has pointed out, we also must educate our school teachers and society in general about the potential implications of these serious risk factors in our children.

C. Richard Conti M.D.

References

1. Berenson GS, Srinivasan SR, Fernandez C, Chen W, and Xu J. Can adult cardiologists play a role in the prevention of heart disease beginning in childhood? Methodist DeBakey Cardiovasc J. 2010; 6(4):4-9.
2. Conti CR. Prevention of cardiovascular disease begins in the young. Clin Cardiol. 1992 Dec; 150(12):877-878.

To the Editor: I very much enjoyed the issue dedicated to cardiac tumor overview. My thanks to you and all contributing authors for an excellent presentation of this subject.

Manucher Nazarian, M.D.
Fort Worth, Texas.

To the Editor: I just received the most recent issue of your new journal. It is full of interesting material, and I especially enjoyed your piece on "The Elders." There were SO MANY elders that I had the privilege of work with beginning in 1965.

My first recollection of Dr. DeBakey was in the late 60s, and I was in Kansas at my mother's home mowing

her lawn on a hot summer day. My mother came to the side porch and called to me that I was wanted on the phone, long distance. She said that Dr. DeBakey was calling for me, and she seemed quite excited. In those days, most folks did not have gas-powered lawn mowers, as you probably recall, so it was easy to just leave the mower where I had stopped.

I went inside and answered the phone which was mounted on a wall in the dining room and soon Dr. DeBakey's secretary connected me with the doctor. I honestly do not recall now what he wanted but probably something about his participation in one of the CME program of the college or possibly something about his participation on one of the ACC overseas Circuit Courses.

I also recall being with him at Bob Eliot's ACC program in the Tetons in Wyoming. His wife at that time and his daughter were with him, and he gave several excellent lectures.

I always felt very privileged to have known him over the years I was with the ACC. He was always most kind to me and to our staff.

Your "Elders" editorial was splendid. You, Charlie Fisch, and many others, as elders of the ACC, were indeed the "glue" that not only held the college together, but took the lead in making the ACC the leading continuing medical education specialty society it has always been.

Bill Nelligan
Executive Director, American College of Cardiology, Retired

Editor's Note: The following letter to Dr. James B. Young is printed with the permission of Drs. Norman M. Rich and James B. Young.

I have thoroughly enjoyed your, "Tribute to Michael E. DeBakey, M.D."/Michael E. DeBakey M.D.: A Mentor Remembered. Having you share your experiences with Dr. DeBakey brought back many similar memories. Obviously, we were both very privileged to have known Dr. DeBakey over many years. As a mentor, he always found time to be supportive. I have never known anyone else who was as successful as he with "multi-tasking." I knew Dr. DeBakey's name as long as I can remember because my first hero/mentor was an Arizona copper mining camp surgeon who had served in World War I and who had multiple exchanges with Dr. DeBakey during World War II. I met Dr. DeBakey as an undergraduate at Stanford when he was visiting with my second hero/mentor, Emile Holman, who was still chairman of surgery at Stanford. Dr. DeBakey was one of the most patriotic Americans I have ever known and I have appreciated the privilege to be in attendance for the final tribute to him at Arlington National Cemetery in the mid summer of 2008. Thank you very much and best wishes.

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