European Journal of Heart Failure
Editor-in-Chief retires

Dirk J. van Veldhuisen, outgoing Editor-in-Chief of the European Journal of Heart Failure (EJHF), discusses some of the highlights and challenges of the last 5 years, with Judy Ozkan MA

Describing taking on the position of Editor-in-Chief as a ‘great honour’, Van Veldhuisen views his tenure as a continuation of the work of founder John Cleland and his predecessor Karl Swedberg. Since 2009, he has seen readership treble, the impact factor grow from 3.3 to 5.2, and circulation rise by 74%. In addition, submissions and the quality of submissions continue to rise and turn-around times have been cut, giving authors a quicker response.

Having been immersed in heart failure for the past 25 years and with a strong and dynamic team around him at the University Medical Centre Groningen, Van Veldhuisen was well placed to take over the helm of the Journal. He was keen for his team not only to infuse the EJHF with a high level of expertise and dynamism and guide it towards its next evolutionary step, but also to learn from a two-way process. ‘We have a lot of young people here who are doing new things and taking different roads that I don’t know about and it was a great opportunity for them to develop their own ideas and to get first-hand experience of some of the people and concepts behind the articles. Both of my predecessors were outstanding and hard to follow, but we hoped that we could highlight some of the things that were important to our group. We also wanted to have a journal based on integrity rather than mere impact factor as that can distort the focus. People tell us they look forward to the next edition and it’s good to know that people like to read it.’

With no shortage of ideas from the team in Groningen, Van Veldhuisen knew it was important to find a focus, and areas include: experimental or animal research; studies in the field of arrhythmias and electrophysiology as well as devices (both therapeutic and diagnostic); and design papers of large heart failure trials. He suggests that the pharmacological treatment of heart failure has seen some big steps forward in recent years and had become an area that needed further examination, as was that of treating co-morbidities and looking at device therapies in the form of pacemakers and their more sophisticated descendants such as implantable cardioverter defibrillators and cardiac resynchronization therapies. The team also kept their finger on the pulse of global trends by looking at heart failure with preserved ejection fraction.

The Journal is produced in collaboration with Gillie Porter and (until recently) Alison Coletta in the production office in Kingston-upon-Hull, in the UK. Weekly planning meetings take place in Groningen on a Friday morning. Producing 12 editions a year of a major cardiology journal is not without challenges. The need to innovate, engage with the readership, and run the publication efficiently is demanding, especially as under Van Veldhuisen’s watch the time from submission to decision was purposely cut back, to an average of <3 weeks. The administrative side of production, getting the right things done at the right times, Van Veldhuisen concedes, is difficult and owes much to Gillie Porter and her team in Hull.

The EJHF has also gained enormously from a manuscript transfer system between sister publication the European Heart Journal, which has been steadily growing in stature over recent years and is now the second-ranked cardiovascular journal worldwide. High-quality articles that are perhaps too specialist in nature for the EHJ can be offered straight to the EJHF for consideration. This, Van Veldhuisen believes, benefits all parties; authors of articles of importance get a platform for their work which may be more appropriate and the EJHF gets access to high-quality content.

One specific issue that has cropped up over the last 5 years is the problem of scientific integrity, which Van Veldhuisen believes may stem from pressure on organizations and individuals around the world to inflate their reputations. It is, he believes, an unedifying area, but one which he and his team have had to accept as part of their job and develop robust gate keeping procedures to avoid. Submissions are tooth combed for plagiarism and veracity.

Qualities needed to run the EJHF include the ability to be well organized and motivated, and in turn to motivate a good group of people able to offer the correct kind of support and input. His deputy editors, Prof. Adriaan Voors and Prof. Wiek van Gilst, and local editorial...
Profile: Dirk J. van Veldhuisen, Professor and Chairman of Cardiology at the University Medical Centre, Groningen, Netherlands

Dirk J. van Veldhuisen MD, PhD, FESC, FACC talks to Judy Ozkan MA about his work

Dr van Veldhuisen trained in internal medicine and cardiology in Rotterdam and Groningen, Netherlands, and then undertook fellowships overseas to broaden his horizons. He has a long-standing interest in clinical and experimental heart failure and has co-authored over 600 publications.

As a committed ‘peoples person’ he initially chose medicine because it involved the sort of human contact that he still values today. He developed an interest in cardiology in the third year of medical school when he was in the open heart surgery department of the hospital in Groningen. Although he found surgical processes interesting, he realized it was cardiology that really gripped him.

Spells in Switzerland, Houston and Texas, USA, and Cape Town, South Africa doing rotations in cardiology taught him a lot about clinical and scientific aspects of cardiology and he found his métier during residencies in Rotterdam and Groningen in the mid-1980s. ‘My boss at that time, Professor K I Lie, told me to follow heart failure. When I asked him why, he told me because it was the disease of the future. It turns out he was right and it’s been my abiding interest ever since. It’s such a fascinating disease because it connects with so many other areas’.

Both at home and abroad he came under the influence of positive role models and he cites Prof. Harry Crijns and Prof. K. I. Lie, originally from Amsterdam—a former pupil of world renowned Dutch cardiologist and scientist Dirk Durrer—as an important early influence. Later, when he started to specialize in heart failure, he encountered inspiring people like John McMurray, John Cleland, and Karl Swedberg through trials and collaborations.

He enjoys the hands-on physician role and that of the researcher and is happy with the team he has helped to build in Groningen since becoming head of the Department of Cardiology in 2001. His team has made good progress in turning the Department into a centre of excellence for heart failure. His team favours the translational approach which the system in the Netherlands allows for. After 6 years of medical school, postgraduates go on to undertake a 4-year PhD programme, which means that before they start their residency programme, they are good scientists. In addition to the large university hospital, the Department of Cardiology has its own experimental lab with 35 people working in it and ample opportunities for everyone to learn about pathophysiology and apply what they have learned back in the clinic.

He is less keen on the administrative demands on his time, which he fears will become heavier with the need for budget cutbacks in the Netherlands. The country currently spends >12% of its Gross Domestic Product on health care and the demand for significant savings is likely to occupy senior health service professionals over the next few years.
As the co-author of numerous papers, Van Veldhuisen could be forgiven for resting on his laurels, but he still has ambitions. ‘There are two things that I would still like to achieve. I think I am probably one of the last people in the world who believes in digoxin and I think a proper outcome trial with this drug in low doses could be important. I wrote a paper on this that was published in 1993 and any research would be a follow-up to that.\(^1\) It’s such a cheap drug and if useful, could benefit so many patients. Also, according to the ESC Heart Failure Guidelines of 2012, there is not a single drug or device recommended for heart failure patients with preserved ejection fraction and I think we need to do much more research in addition to current studies now running in this field. We have a large number of projects running in this department and at any one time 30—40 PhDs, so it’s basically a big machine’.

Outside of work Van Veldhuisen has always hankered after writing a novel but concedes it will have to sit on a back burner until he has the time to commit to it. He is not planning to relinquish his role for the next decade at least and is happy to be in a position to concentrate on the areas he knows he is good at. ‘At this time in my life I’m not so much looking for inspiration or to do things for the sake of my career, I think as you get older you get more down to the core and you really like to concentrate on things you are good at and enjoy’.

He has learned over the years to temper his enthusiasm for various projects with a need to make efficient choices based on the best of all possible outcomes. He also believes that a full-on career in academic medicine needs to be properly work—life balanced so that an individual has outside interests.

Reference