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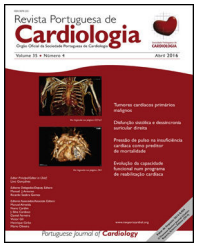

EDITORIAL COMMENT

You had a myocardial infarction. Time to find out more☆

Teve um enfarte do miocárdio. Procure saber mais

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Patient prognosis after an acute myocardial infarction (AMI) depends on several factors including, patient history and comorbidities, acute episode characteristics, and management, the presence/absence of residual ischemia/risk, patient adherence to treatments prescribed at discharge, among many other factors.

Another not so frequently mentioned factor is patient health literacy related to the disease and its management.

A few studies have already shown that cardiovascular disease health literacy has a major influence on their prognosis.[1,2] This is also true for AMI patients as demonstrated by Bailey et al.[3]

In recent decades, in-hospital length of stay after AMI has been significantly reduced, mainly due to invasive revascularization in the acute phase with primary percutaneous coronary interventions. Unfortunately, this has considerably reduced the time for phase 1 of the cardiac rehabilitation programs and the number of opportunities for healthcare providers to educate their patients (while still in-hospital) about the disease, the risk factors, the importance of good treatment adherence, and other recommendations such as diet, exercise or stress management.

These days, patients are increasingly willing to learn more about their disease and to become active partners in the future management of their condition. Consequently, they look for additional information concerning coronary heart disease, risk factors, and secondary prevention.

And so they go to their computers, tablets, smartphones trying to obtain more information. As their health literacy is reduced, they search for medical/health information in the same places where they get other kinds of information: browsers such as Google® or Yahoo®, social networks such as Facebook®, Twitter®, Instagram® and also on free video-sharing platforms such as YouTube®, the second largest search engine behind Google Search®.

The medical community needs to be made aware of these circumstances and assess the quality of the information made available on the internet. This is why many investigators have conducted of research on these internet-based sources of ''medical information'' to gain an understanding of what their patients are learning on line.

Concerning YouTube® videos, a quick search on PubMed returned more than 870 articles with the word ''YouTube'' in the title ((youtube[Title])). The majority of these articles are related to the analysis of videos concerning a specific disease or procedure, but others are dedicated to a more generic analysis of the information related to healthcare issues.[4,5]

There is therefore great interest in the medical community concerning the evaluation of the quality of the information made available on YouTube®, to the point of publishing methodologies on how to analyze the quality of this kind of information, such as for example the article by Drozd et al.[6]

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☆ Editorial comment relative to article – Enfarte agudo do miocárdio no YouTube – *is it all fake news?*.

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However, we only found two articles with both ''YouTube'' and ''Infarction'' in the title (youtube[Title]) AND (infarction[Title]).[7,8] One of those two articles is being published in this issue of the Portuguese Journal of Cardiology by Fialho et al.[8] This paper makes a great contribution to the analysis of the quality of videos on myocardial infarction in Portuguese, by analyzing 242 videos and applying validated quality evaluation scores such The Health on the Net Code and the DISCERN scores.

This was a very thorough study that led the authors to conclude that the average quality of the information given on the analyzed videos was poor. I endorse the authors' recommendations that the medical societies have the responsibility to define strategies to improve the quality of online health information in their respective disciplines. Health authorities and healthcare institutions, such as hospitals and medical and nursing schools, also share this responsibility.

I might add that it should be the duty of every healthcare professional to be aware of the online sites, videos, apps, etc. where their patients can obtain good quality information about their disease, so that they can ''prescribe'' online information to their patients, to significantly increase their health literacy, which could then translate into better outcomes.

Conflicts of interest

The author has no conflicts of interest to declare.

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