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Jan Filipovský

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Jan Filipovský

Department of Internal Medicine II, Charles University Medical Faculty and Teaching Hospital, Pilsen, Czech Republic

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I came to Paris for an eight-month stay in September 1990. shortly after the political changes in our country. The beginning was guite hard as I came alone without knowing anybody in France. Although I wanted to communicate in French I learned soon that my knowledge coming mainly from reading French novels with a dictionnary was not sufficient. As we worked on studies in cardiovascular epidemiology at our department in Pilsen, I started my stay at INSERM, Cardiovascular Epidemiology Unit, directed by Pierre Ducimetière. We worked on the Paris Prospective Study (PPS) which now belongs to the classics in the field: there was a large cohort of more than 7000 middle-aged males followed for up to 20 years. There were not many such studies outside USA at that time and it gave many important results. As hypertension was already my clinical field of interest, I was happy to have the occasion to work on blood pressure (BP) relationships to other parameters. We worked first on BP, obesity and insulin. The latter was a special topic of PPS as it was probably the first population-based study where both fasting and post-load insulin (and glucose) levels were assessed. Then I drew my attention to bicycle ergometry: the subjects had a standardized test with ECG and BP measurements. Such a valuable epidemiologic material which - regarding BP values - remained without notice for the 20 years of the study! Department of Internal Medicine where Michel Safar was chief was just beside our Unit in the Broussais Hospital and we contacted him when having the first results. He was interested immediately and contributed substantially to the analysis and interpretation. The work resulted in a publication which was the first in the world to show that BP values measured during physical exercise predicted cardiovascular death much more strongly than BP at rest.¹ I started visiting regular scientific meetings of Michels group which took place at the Paris University every week. He was successful in forming a group of keen researchers, both clinicians and basic scientists. Michel Safar was always in a good mood and very unofficial. The meetings were always moderated by a young colleague, not by Michel, and he insisted that the moderator should draw conclusions from the meetings at the end. This "speaker's exercise" was undoubtedly useful for the people in their later professional life. Michel Safar was always sitting in the rear and from time to time, he made notes that might sometimes seem naive or not exactly focused on the topic; keen discussions arose consequently and this made Michel apparently happy. There were Gérard London, Stéphane Laurent, Roland Asmar, Athanase Benetos, Pierre Boutouvrie, Patrick Lacolley and others. It is hard to believe that most todays French opinion leaders in arterial properties and hypertension come from this group. The stay in France changed my life: not only by medical ideas but, given the fact that I came straight from tough communism with strict hierarchic rules, by learning that the atmosphere at work can be relaxed and that discussing and working in the team is essential.

Reference

 Filipovský J, Ducimetiere P, Safar ME. Prognostic significance of exercise blood pressure and heart rate in middle-aged men. *Hypertension* 1992;20:333–9.

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