

International medical reviews

According to the authors from the United States, Spontaneous coronary artery dissection (SCAD) is an infrequent but highly recognized cause of acute coronary syndrome, that is more prevalent among relatively young women aged 45–52 years and may even co-occur with pregnancy, where it is the most common cause of myocardial infarction. This study has shown that patients with SCAD have lack of traditional risk factors. Pathophysiological mechanisms include coronary blood flow impairment due to spontaneous intramural hematoma development that causes the dissection of vessel wall medial layer. The study was performed in a cohort of 389 patients from 34 hospitals collected from Spanish SCAD registry.

According to the Heart journal

Retrospective cohort study established 27.1% inpatient all-cause mortality among 7038 patients. Due to rapid increase of hospital admission rate of patients with COVID-19 during the first wave of the pandemic, there was a clear need for effective clinical prognosis assessment tool for patients with COVID-19. Using a large cohort of patients with COVID-19, experts found that in addition to demographic parameters, medical history and the main indicators of metabolic panel, the QTc interval >500 ms serve as independent risk factor for inpatient mortality.

According to the Heart journal

Endotrophin can serve as risk marker for type 2 diabetes mellitus (T2DM) complications. The increase of serum endotrophin was a risk marker for kidney and cardiovascular complications as well as sudden cardiac death. Urine endotrophin was a marker for albuminuria progression. Scientists from the Steno Diabetes Center Copenhagen found that the level of endotrophin, a profibrotic signaling molecule in serum and urine is a risk marker for complications to T2DM.

According to the Diabetes Care journal

Blood type was associated with the risk of early onset of stroke. The II (A) blood type was the most prevalent among patients with early stroke. The additional investigation of the disease pathogenesis will allow to develop precise prevention strategy. Scientists from the University of Maryland School of Medicine found that the onset of early stroke depends on the blood type. The analysis by gender and other factors showed that the risk of early stroke onset in patients with blood group II (A) was 16% compared with other blood types. The likelihood of early onset of stroke among patients with blood group I (O) was by 12% lower.

According to the Neurology journal

Myocarditis is the most prevalent cardiovascular complication during the treatment of patients with immune checkpoint inhibitors. Mortality from myocarditis caused by this treatment was significantly higher than during the development due to other causes. Treatment with immune checkpoint inhibitors increased the risk of cardiovascular events. The group of experts from Johns Hopkins University and the Cardiovascular Imaging Research Center in Massachusetts assessed the prevalence of myocarditis as cardiovascular complication. Scientists described the epidemiology, possible pathogenesis of adverse events during the treatment with medications, diagnostic criteria and possible treatment strategies.

According to the European Heart Journal

Most muscle symptoms that were identified by the patient complaints are not associated with statin treatment, the frequency of mild pain and muscle weakness increased insignificantly. The potential benefits of statin therapy are likely to outweigh the muscle pain and weakness risks. The group of scientists from Cholesterol Treatment Trialists Collaboration concluded that statins are associated with a small increase in risk of muscle pains or weakness. Relative risk of muscle symptoms development during statin therapy was 1.03 compared with placebo.

According to The Lancet journal

Diabetes persists as a risk factor for cardiovascular events, but where it once meant the same risk of heart attack or stroke as cardiovascular disease itself, a large Canadian population study reports that's no longer the case. Thanks to advances in diabetes management over the past quarter century, diabetes is no longer considered equivalent to CVD as a risk factor for cardiovascular events. Between 1994 and 2014, the cardiovascular event rates declined significantly among people with diabetes alone, compared with people with no disease: from 28.4 to 12.7 per 1,000 person-years in 1994 to 14 vs 8 per 1,000 person-years 20 years later.

According to the MDedge.com

For patients with arterial hypertension, treatment with an angiotensin receptor blocker (ARB) may help protect against epilepsy. Investigators found that ARB therapy was associated with a decreased incidence of new-onset epilepsy compared with other antihypertensive drug classes. The new findings are based on a propensity-score matched analysis of 168,612 adults (mean age, 62 years; 51% women) with hypertension receiving one of four antihypertensive drug classes — beta-blockers, ARBs, angiotensin-converting enzyme inhibitors, or calcium channel blockers.

According to the JAMA Neurology