

Review of international medical news

Experts studied the long-term effects of aspirin in older adults without a history of cardiovascular disease.

Data from 15,668 older individuals were analyzed. At study entry, none had cardiovascular disease, dementia, or physical limitations.

The analysis showed that over the combined follow-up period, including the trial and post-trial phases, aspirin did not provide a significant reduction in the risk of major cardiovascular events compared with placebo. In the post-trial period, aspirin use was associated with an 18% increase in stroke incidence and a 25% increase in myocardial infarction.

According to the European Heart Journal

Scientists studied the effect of daily coffee consumption on the recurrence of atrial fibrillation and atrial flutter after successful cardioversion.

Participants were randomized to daily coffee consumption (at least one cup per day) or complete abstinence from coffee and caffeine for six months. The frequency of clinically confirmed recurrences was assessed.

Participants who consumed coffee experienced fewer recurrences of atrial fibrillation regardless of baseline coffee intake. Researchers noted that moderate coffee consumption did not worsen the disease course or increase the risk of complications.

According to the JAMA journal

Researchers from Japan evaluated the effect of statins on the risk of subarachnoid hemorrhage.

Data from 3,498 patients with newly diagnosed subarachnoid hemorrhage and 14,000 control participants were analyzed.

The analysis showed that statin use was associated with a 19% reduction in the risk of subarachnoid hemorrhage. The effect was particularly pronounced in patients with a history of hypertension or cerebrovascular disease.

The authors concluded that statins are associated with a reduced risk of subarachnoid hemorrhage, especially in patients with hypertension.

According to the Stroke journal

Researchers studied the effect of nighttime and daytime light exposure on the risk of cardiovascular disease.

Data from 88,905 UK Biobank participants (mean age 62 years) were analyzed. Participants wore wrist-based light sensors for one week to record daytime and nighttime light exposure. Over nearly eight years of follow-up, cases of stroke, heart failure, myocardial infarction, coronary heart disease, and arrhythmias were recorded.

The analysis showed that individuals exposed to the brightest nighttime light had a 1.32-fold higher

risk of coronary heart disease, a 1.56-fold higher risk of heart failure, and a 1.32- and 1.28-fold higher risk of atrial fibrillation and stroke, respectively.

According to the JAMA Network Open journal

Researchers evaluated the association between premenstrual disorders and the risk of cardiovascular disease.

Data from 135,000 women with premenstrual disorders were analyzed. All participants had reached menarche but had not yet entered menopause at the time of inclusion.

The analysis showed that women with premenstrual disorders had an 11% higher risk of any cardiovascular disease compared with women without such disorders.

Premenstrual disorders were also associated with hypertension, coronary heart disease, and cerebrovascular disease, and additionally increased the risk of arrhythmia by 1.31-fold and ischemic stroke by 1.27-fold.

According to the Nature journal

Experts presented a report on the impact of nicotine on the cardiovascular system.

The authors stated that nicotine is a potent toxin for the heart and blood vessels regardless of the form of consumption. Harmful effects were observed with the use of e-cigarettes, heated tobacco products, hookahs, cigars, and oral nicotine pouches.

The report also noted that the long-term effects of new nicotine products are insufficiently studied, and the combined use of multiple nicotine forms complicates assessment of each product's contribution to cardiovascular risk.

According to the European Heart Journal

Researchers from Australia studied the relationship between step count, walking speed, and cardiovascular risk in people with hypertension.

Data from 32,192 individuals with high blood pressure from the UK Biobank were analyzed. The mean age was 64 years. All participants wore a wrist accelerometer for seven days to measure step count and speed.

The analysis showed that each additional 1,000 steps per day (up to 10,000) was associated with a 17% reduction in the risk of major adverse cardiovascular events. The risk of heart failure decreased by 22%, myocardial infarction by 9%, and stroke by 24%.

The authors concluded that increasing step count was beneficial for people with hypertension, including those who walked fewer than 10,000 steps per day.

According to the ESC portal