**Peltonen M., Laatikainen T., Borodulin K., Wikström K., Jousilahti P., Jula A., Männistö S., Salomaa V., Vartiainen E., Puska P. Prevalence of ideal cardiovascular health in an adult Finnish population: the national FINRISK 2007 study**

International Heart and Vascular Disease Journal. 2014; 3: 3-11

**Summary**

**Aim.** Despite major reductions in cardiovascular disease (CVD) mortality rates during the past decades in Finland, the risk factor pattern of the population leaves much room for improvement. The aim of this study was to assess the prevalence of ideal cardiovascular (CV) health in Finnish men and women aged 25–74 years.

**Material and methods.** Cross-sectional population-based health examination survey was conducted in 2007 in Finland. Age and sex strat-ified random sample was drawn from the national population register. The total number of individuals in the anal-yses was 2,128 men and 2,613 women. Ideal CV health metrics were defined according to the recent guidelines of

the American Heart Association (AHA), considering behavioural factors (smoking, physical activity, diet, obesity), biological and physiological risk factors (blood pressure, total cholesterol, blood glucose).

**Results.** The prevalence of ideal CV health was the lowest for the physical activity, diet and blood pressure among the total of seven factors considered. Taken together, the prevalence of having 5 or more health metrics as ideal out of the 7 was just 8.8 % (95% CI: 7.7–10.0) in women and 3.0 % (95% CI: 2.3–3.8) in men. In contrast, the proportions of men and women with less than 3 of the metrics as ideal were 50.4 % (95% CI: 48.5–52.3) in women and 69.0 % (95% CI: 67.0–71.9) in men. Age was negatively associated with the number of ideal CV health factors.

**Conclusion.** The prevalence of ideal CVD related health behaviour and health factors is low in the Finnish adult population.

**Keywords**

Cardiovascular health, risk factors, health behaviour, health survey, Finland

**Atherosclerosis across 4000 years of human history: the HORUS study of four ancient populations**

International Heart and Vascular Disease Journal. 2014; 3: 35-38

**Summary**

Traditionally, atherosclerosis is considered to be a disease of modern human beings, which is caused by the combined action of many negative factors from today’s environment on the body. Nevertheless, as it was shown in an American study of four ancient populations of different geographical locations and lifestyles, the prevalence of atherosclerosis in our ancestors was also quite high.

**Keywords**

Atherosclerosis, computed tomography, ancient populations

**Boytsov S.A., Martsevich S.Yu., Ginzburg M.L., Kutishenko N.P., Drozdova L.Yu., Akimova A.V., Suvorov A.Yu., Loukianov M.M., Dmitrieva N.A., Lerman O.V., Zhuravskaya N.Yu., Daniels E.V., Fokina A.V., Yudaev V.N., Smirnov V.P., Kalinina A.M., Kotov S.V., Stahovskaya L.V Lyubertsy mortality study of patients after cerebral stroke or transient ischemic attack (LIS-2): design and evaluation of drug therapy**

International Heart and Vascular Disease Journal. 2014; 2: 3-10

**Summary**

**Aim.** Research of social, demographic and anamnestic characteristics of patients that have survived cerebral stroke as well as the medical treatment received by the patients before the reference stroke in the hospital and at discharge within the framework of the stroke register entitled as LIS-2 (Lubertsy study of mortality in patients who have survived stroke).

**Material and methods.** All the patients (637 people) admitted to the Lyubertsy District Hospital № 2 due to stroke from January 2009 to December 2010 were enrolled into the study.

**Results.** 36% were men and 64% were women with mean age of 70.99±9.6 years old. 554 (87.0%) patients had history of hypertension and 155 (24.3%) a history of atrial fibrillation. 147 (23.1%) patients had previous stroke. Hospital mortality was 21.8% (139 patients died with mean age of 72.7±9.6 years old). At discharge, 374 (75%) patients were prescribed ACE inhibitors, 421 (85%) antiplatelet agents, 4 (1%) warfarin. Statin treatment was recommended to 3 (1%) patients.

**Conclusion.** We revealed low frequency of prescription of drugs with proven effects on prognosis in patients with risk factors before the reference stroke and in patients discharged from the hospital after stroke.

**Key words**

Stroke, risk factors prevalence, medical treatment, register.

**Wong N.D. Evidence based cardiovascular risk assessment**

International Heart and Vascular Disease Journal. 2013; 1: 10-18

**Summary**

In November 2013, immediately before the American Heart Association (AHA) Meeting in Dallas, joint recommendations of AHA and American College of Cardiology (ACC) were presented. The National Institute of Health (NHLBI) also took a crucial part in preparation of the new guidelines. The new recommendations excited the public’s interest even before the AHA meeting, were controversially and extensively discussed in the press (including newspapers such as the New York Times), and became the main topic of the meeting.

**Oganov R.G., Kanorskiy S.G., Mamedov M.N. Review of international clinical trials in** cardiology for 2014 International Heart and Vascular Disease Journal. 2014; 4: 20-29

**Summary**

In this review article we summarized the results of 28 large international clinical studies presented in the frame-work of five scientific Hot Line sessions at the European Society of Cardiology Congress 2014. The analyzed stud-ies cover a wide range of issues on diagnosis, treatment and prevention of cardiovascular disease (CVD).

**Keywords**

Cardiovascular disease, clinical studies.

**Dmitrijev M., Serpytis P. Role of ambulatory blood pressure monitoring in prediction of cardiovascular risk: a retrospective study and literature review**

International Heart and Vascular Disease Journal. 2015; 6: 9-16

**Summary**

There is growing evidence that nocturnal ambulatory blood pressure (BP) is a better predictor of cardiovascular outcome than diurnal BP in patients with hypertension, but data in the literature on the prognostic significance of the nocturnal dipping pattern are not consistent and independence from 24-hour BP has not often been studied. The aim of our research is to identify the dipping pattern of nocturnal BP among normotensive young people and to determine the relationship between dipping categories on the one side and risk factors of cardiovascular disease (CVD) on the other side. In our retrospective study, we examined 103 normotensive young people (mean age 28.5 years) without CVD. The 24-hour ambulatory blood pressure monitoring (ABPM) was used to estimate nocturnal BP and its dipping pattern. A questionnaire was used to determine the patients’ life pattern and cardiovascular risk factors. Results indicate that mean nocturnal BP among men is 10 mmHg higher than among women, and obese patients have higher mean nocturnal BP than patients with normal body mass index (BMI) (127±12/74±6 vs. 104±11/59±8 mmHg; P=0.000). The nocturnal BP decrease among smokers is lower than among nonsmokers (8±8 vs. 13±6 %; P<0.05) and among patients involved in sport, the decrease is higher than among the less sporty patients (14±6 vs. 10±7 %; P=0.03). We concluded that there are direct relations between cardiovascular risk fac-tors and nocturnal BP, and that dipping categories can be determined by a patient’s lifestyle.

**Keywords**

Arterial hypertension, ambulatory blood pressure monitoring, cardiovascular risk, nocturnal BP, dippers, non-dippers.

**Kanorsky S.G. European clinical guidelines for cardiology 2015**

International Heart and Vascular Disease Journal. 2016; 9:3-9

**Summary**

The review presents the main provisions of 5 clinical practice guidelines of the European Society of Cardiology, published in 2015: guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation, guidelines for the management of patients with ventricular arrhythmias and the prevention of sudden cardiac death, guidelines for the diagnosis and management of pericardial diseases, guidelines for the diagnosis and treatment of pulmonary hypertension, guidelines for the management of infective endocarditis. This review focuses on changes introduced in the new version of the guidelines.

**Keywords**

Clinical practice guidelines, acute coronary syndrome, sudden cardiac death, pericarditis, pulmonary hypertension, infectious endocarditis

**Kanorskii S.G.**

**Congress of the American College of Cardiology: results of clinical trials.**

International Heart and Vascular Disease Journal. 2018; 18: 45-49

Summary

The 67th annual congress of the American College of Cardiology was held in Orlando (USA) on March 10–12, 2018. It was attended by 18.300 people, including 13.000 professionals and opinion leaders from 137 countries.

Traditionally, new results of large clinical trials that could influence clinical practice, in particular, the ones summarized in this article, generated distinct interest. Data obtained in studies ANNEXA-4, A Cluster-Randomized Trial of Blood-Pressure Reduction in Black Barbershops, CARES, HER2, INDIE-HFpEF, MOMENTUM-3, SECURE, SMART-DATE, STOP PAD, TREAT, TRIUMPH, registers and studies of real practice like ARTEMIS, GWTG-HF, POICE, subanalysis of recently presented major projects CANTOS, CANVAS, COMPASS, CVD-REAL 2, FOURIER were of great importance.

The results of clinical trials presented at the scientific sessions of the American College of Cardiology in 2018 demonstrated new possibilities of antithrombotic therapy, treatment of atherosclerosis, coronary heart disease, cardiac arrhythmias, heart failure and arterial hypertension that will certainly help to optimize the management of patients with common cardiovascular diseases.

Key words

Clinical trials, cardiovascular diseases, congress of the American College of Cardiology.

**Kanorskii S.G., Gilyarevskii S.R., Tarasov A.V., Zhuk V.S., Yavelov I.S. New EHRA guidelines on anticoagulant therapy in patients with atrial fibrillation: comments of Russian experts**.

International Heart and Vascular Disease Journal. 2018; 19: 36-47

**Summary**

The experts of the European Heart Rhythm Association prepared new guidelines on oral anticoagulant therapy in patients with atrial fibrillation. These guidelines included a wide spectrum of practical aspects of the use of anticoagulant therapy. This document provides comments of the leading Russian experts on four main directions: general aspects of the use of new oral anticoagulants (NOA), control of NOA efficiency, NOA adverse effects and management of complications of NOA therapy, and practical aspects of NOA therapy in several groups of patients.

**Keywords**

Atrial fibrillation, new oral anticoagulants, guidelines.

**New European guidelines for the management of arterial hypertension. Comments of Russian experts.**

International Heart and Vascular Disease Journal. 2018; 21: 41-47

**Summary**

During the European Congress of Cardiology held in August 2018, new guidelines on arterial hypertension were presented. They included a revision of the cardiovascular risk estimation, algorithms of antihypertensive therapy combinations and management for certain groups of patients. First of all, we expected possible changes in target blood pressure levels followed by the US recommendations. The opinion of the leading Russian experts on the main states of the new European guidelines for the management of arterial hypertension is presented.

**Key words**

Arterial hypertension, new European guidelines, target blood pressure levels.