

Review of international medical news

German researchers assessed the effectiveness of left atrial appendage (LAA) closure compared with optimal medical therapy in high-risk patients with atrial fibrillation (AF).

The analysis included 912 patients with AF and a high risk of stroke and bleeding. Patients either underwent LAA closure or received optimal medical therapy, including direct oral anticoagulants. The primary endpoint was a composite outcome of stroke, systemic embolism, major bleeding, and cardiovascular or unexplained death over a 3-year follow-up period.

The results showed that the incidence of adverse outcomes was 16.8 per 100 patient-years in the LAA closure group versus 13.3 per 100 patient-years in the medical therapy group.

The authors concluded that LAA closure offers no advantage over optimal medical therapy in terms of major clinical outcomes in high-risk AF patients.

According to the New England Journal of Medicine

Researchers evaluated the prevalence of preclinical and clinical obesity and their association with cardiovascular outcomes.

Data from 502,233 adult participants from the UK Biobank were analyzed. Obesity was classified according to the new definition proposed by The Lancet Diabetes & Endocrinology Commission, taking into account functional impairment and organ dysfunction. Outcomes included stroke, heart failure, myocardial infarction, and the transition from preclinical to clinical obesity over a 12-year follow-up.

Preclinical and clinical obesity were found to be highly prevalent, affecting 31.2% and 36.6% of participants, respectively. Most individuals were classified as overweight according to WHO criteria.

The authors concluded that clinical obesity, as defined by functional criteria, is associated with a significantly higher cardiovascular risk, whereas preclinical obesity is associated with relatively lower risk.

According to the Obesity journal

Researchers examined the association between various mental disorders and the risk of acute coronary syndrome (ACS) and myocardial infarction (MI).

The analysis included data from 25 studies involving approximately 22 million individuals, with a mean age of 48 years. At baseline, 13% had diagnosed mental disorders, and 1% had ACS.

Post-traumatic stress disorder (PTSD) was associated with the highest risk of acute MI, with nearly a threefold increase compared to individuals without mental disorders. Anxiety disorders were associated with a 1.6-fold increased risk.

The authors concluded that anxiety, depression, sleep disorders, and especially PTSD are associated with an increased risk of ACS.

According to the JAMA Psychiatry

Researchers evaluated the impact of different LDL-cholesterol targets on outcomes in high-risk patients. The study included 3,048 patients aged 19 to 80 years with atherosclerotic cardiovascular disease. Participants were randomized to LDL targets of < 55 mg/dL or <70 mg/dL and followed for a median of three years.

Achieving LDL levels below 55 mg/dL reduced the risk of major cardiovascular events by 33% compared to the <70 mg/dL group.

These findings suggest that more intensive LDL reduction improves prognosis in high-risk patients.

According to the New England Journal of Medicine

Researchers evaluated the association between antithrombotic therapy and the risk of intracranial hemorrhage in patients with infective endocarditis (IE).

The study included 3,236 patients with confirmed left-sided IE. Patients were categorized based on therapy at diagnosis: no therapy, antiplatelet therapy, anticoagulant therapy, or combination therapy.

Intracranial hemorrhage within 30 days occurred in 5.6% of patients. The highest risk was observed in those receiving combined anticoagulant and antiplatelet therapy, which increased the risk more than threefold.

The authors concluded that anticoagulants, especially in combination with antiplatelet agents, are associated with an increased risk of intracranial hemorrhage in IE patients.

According to the Clinical Infectious Diseases journal

Researchers identified an association between premature menopause and increased risk of coronary heart disease (CHD) in women.

Data from 10,000 postmenopausal women across six U.S. cohorts (total population over 163,000) were analyzed.

Premature menopause was associated with a ~40% increased risk of CHD across all racial groups. Women with premature menopause also had slightly shorter CHD-free life expectancy (18 vs 19 years).

The authors concluded that premature menopause should be considered in cardiovascular risk assessment and prevention strategies.

According to the JAMA