



# CARDIOVASCULAR NEWS

## Age not a factor in AF treatment

According to several new studies released by the Heart Rhythm Society, older patients are just as likely as younger patients to benefit from implantable cardioverter defibrillator (ICD) and catheter ablation for atrial fibrillation (AF).

One study, which included 174 patients, showed those over 65 with paroxysmal or persistent AF had the same outcome with respect to procedural success and complications as younger patients undergoing AF catheter ablation.

A second study, which examined 534 patients who underwent ICD implantation, found age made no difference in survival rate.

“These age-related studies have significant importance,” said Dr. Michael E. Cain, president of the Heart Rhythm Society.

“It is critical that we not exclude patient populations if we have clinical evidence that they would benefit from life-saving therapies and procedures.”

More than 2 million people in the U.S. have AF.

New Cardiac Studies Find Age Not a Factor. San Francisco (California, USA). May 20, 2004.

## Bring on the Aspirin®

New findings from a Stanford University Medical School study, reviewing Aspirin® (acetylsalicylic acid) use in patients at varying levels of coronary heart disease (CHD) risk, confirm an alarming level of underutilization in those who could benefit most from preventive Aspirin therapy.

Dr. Randall Stafford's analysis of 10 years of medical survey data demonstrated that < 25% of patients with CHD or other atherosclerotic disease, and only 7% of patients at moderate risk, were reportedly using Aspirin.

Despite guidelines from the U.S. Preventive Services Task Force and the American Heart Association, which advise that people with a 10-year risk of CHD between 6% and 10% (or above) should be considered candidates for Aspirin therapy, the new findings show a gap between professional guidelines and actual practice.

Today, approximately 100 million people may be at risk of developing CHD and as many as 62 million Americans already have some form of heart disease and may be at risk of experiencing a coronary event.

Research Confirms Significant Underutilization of Aspirin® Therapy in Patients at Risk for Heart Disease. May 13, 2004.

## Added benefit with lipid-lowering drugs

According to study results recently published in the *Journal of the American Medical Association*, commonly used lipid-lowering medications reduced the risk of in-hospital mortality by 38% when given to patients who were hospitalized for major non-cardiac surgeries. The study involved 80,591 patients from 329 hospitals over a two-year period.

While lipid-lowering therapy is considered a cornerstone in the primary and secondary prevention of cardiovascular disease, this is the first large-scale study to suggest it may confer benefits to patients at the time of major non-cardiac surgery.

The incidence of myocardial infarction (MI) during or following non-cardiac surgery is 2% to 3% and can

be as high as 34% for high-risk populations. Mortality rates for occurrences of MI can be as high as 25% to 40%.

“Given the fact that as many as 1 million operations are complicated by potentially life-threatening peri-operative cardiac events, our hope is that others will soon conduct clinical trials to test our observations and determine the optimal timing and duration of therapy,” said Dr. Peter Lindenauer, the study’s lead author.

Treatment with Common Cholesterol-Lowering Drugs May Reduce Fatal Heart Attacks Following Major Non-Cardiac Surgery. Charlotte (North Carolina, USA). May 5, 2004.

## A new era in blood analysis

Analyzing blood samples for the presence of disease markers could soon become quick and easy. Using nanotechnology, researchers at Northwestern University have developed a way to label tiny disease markers in blood with unique DNA tags, which they call bio-bar-codes. The tags can then be scanned by an instrument to identify diseases ranging from cancer to Alzheimer’s, or identify exposure to bioterror agents, such as anthrax.

“This test has the potential to completely revolutionize medical diagnostics,” said Chad A. Mirkin, head of the study and director of Northwestern’s Institute

for Nanotechnology. He said the test will bring efficient, high-tech DNA diagnostics to unprecedented places, such as battlefield and villages of the Third World.

The test is easier, faster, more accurate, and less expensive than polymerase chain reaction, which is what is currently used to detect and quantify DNA. The test, aptly called bio-bar-code amplification, could be ready for marketing in as little as one year. *PCard*

Future Blood Tests May Use Tiny Bar-codes to Speed Disease Diagnosis. April 27, 2004.