

1- Optimal medical therapy with or without PCI for stable coronary artery disease (COURAGE)

This study compared the initial management strategy of percutaneous coronary intervention (PCI) with intensive pharmacologic therapy and lifestyle intervention (optimal medical therapy) vs. optimal medical therapy alone in reducing the risk of cardiovascular events. The authors concluded that, as an initial management strategy in patients with stable coronary artery disease, PCI did not reduce the risk of death, myocardial infarction or other major cardiovascular events when added to optimal medical therapy.

Source: *New England Journal of Medicine*, April 12, 2007; *N Engl J Med* 2007; 35;(15);1503-16; www.nejm.org.

2- long-term effects of dietary sodium reduction on cardiovascular disease outcomes: observational follow-up of the trials of hypertension prevention (TOHP)

This is the first major trial to document that a reduced sodium intake lowers the risk of clinical cardiovascular disease outcomes, not just blood pressure.

Sources: *British Medical Journal*, April 20, 2007; *BMJ* 2007;334;885; www.bjm.com.

3- Genome-wide association study of 14,000 cases of seven common diseases and 3,000 shared controls

Genome wide association studies identify genes (strands of DNA) that may cause specific diseases and represent a powerful approach in identifying genes involved in common human diseases. This large-scale genome-wide association (GWA) study found consistent and replicable genetic markers of several complex diseases of adulthood, including atherosclerotic heart disease. Study authors said their analysis of some 17,000 people for seven common familial diseases (bipolar disorder, coronary artery disease, Crohn's disease, hypertension, rheumatoid arthritis, type 1 diabetes and type 2 diabetes) confirms previously identified loci (DNA closely linked to genes that may identify a trait of a particular disease) and provides strong evidence for many novel disease susceptibility genes.

Source: *Nature*, June 7, 2007; *Nature* 2007. 447:661-78; www.nature.com.

4- Underdiagnosis of Hypertension in Children and Adolescents This study of more than 14,000 children found that hypertension and prehypertension were often undiagnosed in the pediatric population. Patient age, height, obesity-related diagnoses, and magnitude and frequency of

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abnormal blood pressure readings all increased the odds of hypertension.

Sources: *Journal of the American Medical Association*, Aug. 22, 2007; *JAMA* 2007; 298(8):874 – 879; www.jama.or