In brief

Coffee consumption shows CHD benefits in women

A meta-analysis of a number of cohorts studies published in the *International Journal of Cardiology* (2009;**137**:216-25) demonstrates that habitual coffee consumption may be associated with a lower risk of coronary heart disease (CHD) in women. Analysis of data from 21 cohort studies showed that moderate coffee consumption (of up to four cups of coffee per day) were associated with a 18% reduction in risk of CHD in women. The investigators note that such an effect was unlikely to be caused by chance.

Further benefits have been shown from a meta-analysis published in the *Archives of Internal Medicine* (2009;**169**:2044) demonstrating that coffee consumption may be associated with a reduction in the risk of type 2 diabetes. Analysis of data from a cohort of 457,992 showed an inverse relationship between coffee consumption and subsequent risk of diabetes, such that every additional cup of coffee consumed in a day was associated with a 7% reduction in the excess risk of diabetes relative risk, after adjustment for potential confounders.

EU approval for new indications for sitagliptin and telmisartan

MSD has received approval from the European Commission for sitagliptin (Januvia®) as an add-on to insulin (with or without metformin) when diet and exercise plus a stable dosage of insulin do not provide adequate glycaemic control for the treatment of type 2 diabetes.

Boehringer Ingelheim has announced that telmisartan is now indicated in the European Union for the reduction of cardiovascular morbidity in patients with manifest atherothrombotic cardiovascular disease or type 2 diabetes with documented target organ damage.

Major registry for atrial fibrillation launched

A new registry - The RealiseAF registry (Real Life global Survey Evaluating patients with Atrial Fibrillation) - has been launched to help to better define and understand the cardiovascular risk profile of atrial fibrillation (AF) patients and characterise their cardiovascular outcomes.

Sponsored by Sanofi-aventis, RealiseAF will provide a real-life picture of the global burden of AF in more than 10,000 patients in 27 countries. RealiseAF is designed to assess the control of AF and investigate the cardiovascular risk profile of a broad spectrum of AF populations in Europe, Latin America, Asia, Middle East and North Africa.

This new registry is intended to generate new data on a broad AF population including patients with paroxysmal, persistent as well as permanent atrial fibrillation, AF due to transient causes. It will provide a better understanding of this disease and associated cardiovascular consequences, which may help to further improve the burden of AF.

Use of cardiac devices in heart failure has doubled

The use of implantable devices for the treatment of heart failure increased "enormously" in Europe between the years 2004 and 2008, but there still remain large differences between countries, according to a study reported in the *European Journal of Heart Failure* (doi:10.1093/eurjhf/hfp149). The findings suggest that there is an underuse of devices in many of the 15 countries surveyed.

The use of device therapy, in particular the implantable cardioverter defibrillator (ICD) and cardiac resynchronisation therapy (CRT), has gained increasing acceptance and is now being used on a large scale as an adjunct to traditional drug treatment.

The investigators note that the prognosis of heart failure has not been improved by the introduction of new medical treatments in recent years, with continuing high rates of mortality and morbidity. Thus, while drug therapy is still the mainstay of treatment, "relatively few new approaches have proven beneficial," they write.

BMI and waist circumference can predict CVD risk

A new study has concluded that body mass index (BMI) and waist circumference, when accurately measured by trained staff, can actually predict the risk of fatal and non-fatal disease cardiovascular disease (CVD) (*Eur J Cardiovasc Prev Rehabil* 2009; doi: 10.1097/HJR.0b013e328331dfc0). The findings, which emerged from a large prospective study of more than 20,000 Dutch men and women aged 20-65 years begun in 1993, show that the associations of BMI and waist circumference with heart disease are equally strong, and explain one half of all fatal and one quarter of non-fatal CVD in those who are overweight and obese.

Previous studies have been based on self-reported data and have frequently underestimated the true prevalence of obesity. For a true estimation of the association, accurate "anthropometric" measurements are necessary. Using these, the Netherlands group professionally measured both BMI and waist circumference (as well as other variables) in a cohort of 20,500 men and women. All subjects in the study were linked to hospital discharge and national cause-of-death records – with only 556 lost to follow-up.

When age-adjusted BMI and waist circumference measurements were correlated with hospital records and cause-of-death statistics, results showed that in those categorised as overweight and obese around one half (53%) of all fatal CVD and one quarter (25-30%) of all non-fatal CVD were ascribed to the fact that the individual was overweight or obese.The study also found that the overall risk of a first non-fatal CVD was ten times higher than that of fatal CVD.