Cardiovascular highlights from non-cardiology journals

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In an asymptomatic population, the administration of aspirin to patients with a low ABI did not result in a significant reduction in vascular events compared with the administration of placebo.


**Conclusions**

Informed patients have lower levels of coronary risk

Does informing patients about their coronary heart disease (CHD) risk lead to an improvement in that risk? And how many times do they need to be told? Current AHA prevention guidelines advise that patients over 40 are informed of their global CHD risk in the hope that this will help to motivate adherence to risk-reducing behaviours and treatments.

Sheridan et al performed a meta-analysis of 20 studies (including 18 unique fair-quality or good-quality studies) that examined the impact of informing patients of their CHD risk. Studies providing global risk information at only one point in time appeared ineffective, but studies that had given repeated risk information and counselling showed a small but significant reduction in predicted CHD risk (absolute differences, −0.2% to −2% over 10 years in studies using Framingham risk estimates).

**Conclusions**

Informing patients about their global CHD risk may lead to a reduction in their predicted risk, but this information may have to be conveyed on a number of occasions, and using a variety of different measures. Other measures, such as medication adherence aids, may help to reduce this risk even further.

Journals scanned

Reviewers
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Provenance and peer review Commissioned not externally peer reviewed.