Review of international medical news

Scientists from Scotland conducted a study showing that in patients who had suffered a myocardial infarction (MI), a three-month course of dual antiplatelet therapy produced comparable outcomes to traditional 12-month treatment. At the same time, it was associated with reduced mortality and a lower risk of bleeding.

The analysis revealed that all-cause mortality was 2.7% in the three-month treatment group and 3.4% in the 12-month group. There were no significant differences in cardiovascular mortality or non-fatal MI rates.

The authors concluded that three-month dual antiplatelet therapy after MI may be a safe alternative to the standard 12-month regimen. This approach reduces bleeding risk without compromising efficacy in preventing recurrences, which may be taken into account in future clinical guidelines.

According to ESC data

Experts have issued a scientific statement on the impact of psychological distress on outcomes in patients after myocardial infarction. The document reviews the mechanisms of these disorders, their connection with cardiovascular risk, and provides recommendations for diagnosis and management.

The analysis showed that depression, anxiety, post-traumatic stress disorder, and chronic stress after myocardial infarction significantly increase the risk of recurrent cardiovascular events and mortality. According to the SWEDEHEART registry, 21% of patients experienced persistent emotional distress, which increased the risk of cardiovascular death by 46%.

Numerous studies indicate that post-infarction depression doubles the likelihood of recurrent cardiovascular events.

According to the Circulation journal

Specialists from an international research group conducted a systematic meta-analysis of tumor necrosis factor-alpha (TNF-α) inhibitor therapy in patients with rheumatoid arthritis.

The analysis showed that TNF-α inhibitor use was associated with a significant increase in the risk of serious infections (odds ratio = 1.63). However, this therapy reduced the risk of cardiovascular events by 40% and myocardial infarction by 25%.

The authors concluded that while TNF-α inhibitor therapy in rheumatoid arthritis patients carries a high risk of infections, but may reduce the likelihood of cardiovascular events and improve metabolic syndrome parameters.

According to The Lancet journal

Researchers from France found that prescribing beta-blockers after myocardial infarction does not affect mortality, recurrence, or hospitalization rates in patients with heart failure and preserved ejection fraction.

The study included 8,500 patients with heart failure and a left ventricular ejection fraction above 40% who had experienced myocardial infarction. During 3.7 years of follow-up, adverse outcomes were observed in 316 participants in the beta-blocker group (22.5 events per 1,000 patient-years) and in 307 participants not receiving beta-blockers (21.7 events per 1,000 patient-years).

The researchers noted that when prescribing these medications to such patients, the obtained results should be taken into consideration.

According to the NEJM

Researchers from the United States analyzed the role of lipoprotein(a) as a biomarker for extracoronary atherosclerotic complications.

The analysis showed that an increase in lipoprotein(a) levels by 75 nmol/L was associated with an 18% higher risk of peripheral artery disease and a 17% higher risk of carotid artery stenosis. In patients with pre-existing peripheral artery disease, elevated lipoprotein(a) levels increased the risk of serious limb-related adverse events by 57%.

Thus, this study demonstrates that lipoprotein(a) is an important independent marker for the development and progression of extracoronary atherosclerotic disease

According to the Circulation journal

Scientists from Korea conducted a study involving 241,924 adults, which found that increasing the cumulative CVH score (Life's Essential 8) by 100 points per year between ages 30 and 40 was associated with a 34% lower risk of cardiovascular events and a 35% lower risk of kidney events in middle age.

The results suggest that maintaining a high cumulative CVH score (points × years) may serve as a valuable target for primary prevention, as achieving and maintaining good cardiovascular health earlier in life is associated with a reduced risk of premature cardiovascular and renal events in the 30–40 year age range.

According to the JAMA Cardiology