

sirolimus-eluting stents; $n=498$) or bare-metal stents (BMSs; $n=251$).

The cumulative incidence of death and non-fatal MI was similar in DES and BMS recipients for the first 6 months after PCI. Surprisingly, however, the event rate was significantly lower in DES recipients than in BMS recipients over the subsequent year ($P=0.05$). In patients who had discontinued clopidogrel by day 180 after PCI, stent type did not affect the cumulative incidence of death or of death and nonfatal MI 6–18 months after PCI. Continued clopidogrel use past day 180 was associated with a significantly reduced cumulative incidence of death in DES recipients ($P=0.03$) and a reduced cumulative incidence of death or nonfatal MI in BMS recipients ($P=0.01$) at 18 months. Duration of clopidogrel use negatively correlated with cumulative incidence of death as well as that of death or nonfatal MI.

DESs seem to be safe in diabetic patients, and extended clopidogrel use decreases the risk of death or nonfatal MI in such individuals. Randomized trials are needed to confirm these findings and to optimize the clopidogrel regimen.

Original article Brar SS *et al.* (2008) Long-term outcomes by clopidogrel duration and stent type in a diabetic population with *de novo* coronary artery lesions. *J Am Coll Cardiol* 51: 2220–2227

Gout is a risk factor for cardiovascular mortality in middle-aged men

Epidemiological studies have inferred an association between gout and cardiovascular events, but the data are inconclusive. Krishnan *et al.* now report that middle-aged men with gout have a 30% higher risk of coronary heart disease than those without gout.

The study cohort was drawn from 12,866 men (aged 35–57 years) at high cardiovascular risk, but with no overt cardiovascular disease, who enrolled in the Multiple Risk Factor Intervention Trial (MRFIT) in 1973. Participants were randomly assigned to receive usual care or an intervention program that included cholesterol and blood pressure control, and smoking cessation. The Krishnan *et al.* substudy comprised 9,105 patients who were alive and free from cardiovascular events at the end of the intervention phase in 1982.

At baseline, the sixth annual study visit for each patient, 655 men had gout. These patients were more likely to have high blood pressure, high cholesterol and glucose levels, and to be using diuretics than were participants without gout. After 17 years of follow-up, a total of 2,752 deaths had occurred, 45% of which had a cardiovascular cause. In risk-adjusted analysis, the hazard ratio for death from coronary heart disease in men with gout was 1.35 (95% CI 1.06–1.72, $P=0.01$). There were also associations between gout and death from myocardial infarction and between gout and death from any cardiovascular cause, but none reached statistical significance. The results of this study show that gout is a significant, independent risk factor for cardiovascular mortality.

Original article Krishnan E *et al.* for the MRFIT Research Group (2008) Long-term cardiovascular mortality among middle-aged men with gout. *Arch Intern Med* 168: 1104–1110

Predicting right ventricular failure in candidates for left ventricular assist devices

Right ventricular (RV) failure is a major cause of morbidity and mortality in patients who have undergone surgical implantation of a left ventricular assist device (LVAD); therefore, it is important to identify patients at risk of RV failure before this procedure is undertaken. A new method has been developed for estimating postoperative risk in candidates for LVAD implantation.

Matthews and colleagues evaluated prospectively collected data from patients who were about to undergo surgical implantation of a LVAD. Of the 197 patients enrolled, 68 developed RV failure following surgery. The following four variables were found to be independent predictors of RV failure and were assigned points: 4 points for vasopressor requirement; 3 points for creatinine ≥ 2.3 mg/dl; 2.5 points for bilirubin ≥ 2.0 mg/dl; and 2 points for aspartate aminotransferase ≥ 80 IU/l. An RV failure risk score (RVFRS) was calculated as the sum of the points for those variables present before LVAD surgery. Compared with other commonly used predictors of RV failure, RVFRS was the best predictor of RV failure after LVAD surgery, and was also a strong predictor of overall mortality following LVAD surgery.