

myocardial infarction, death and stroke, this treatment option is often avoided because of concerns that warfarin administration can lead to bleeding complications.

Rothberg *et al.* sought to quantify the risks and benefits of warfarin plus aspirin therapy by carrying out a meta-analysis of 10 randomized trials involving 5,938 patients with acute coronary syndromes. Seven endpoints were evaluated in their analysis: myocardial infarction, ischemic stroke, revascularization, death, minor bleeding, major bleeding and intracranial hemorrhage.

Compared with aspirin alone, warfarin plus aspirin decreased the annual rates of myocardial infarction and ischemic stroke by about 45% and 54%, respectively. Mortality rates, however, were not significantly different. Among patients taking warfarin, the major and minor bleeding rates increased by approximately 2.5-fold.

The authors emphasize that two large studies provided most of the data and patients with coronary stents were not included. They conclude that for patients with acute coronary syndromes who are at low or intermediate risk for bleeding, the benefits of warfarin therapy seem to outweigh the risks.

Claire Braybrooke

**Original article** Rothberg MB *et al.* (2005) Warfarin plus aspirin after myocardial infarction or the acute coronary syndrome: meta-analysis with estimates of risk and benefit. *Ann Int Med* **143**: 241–250

## Cardiac surgery in the elderly

Although cardiac surgery in the elderly is usually successful, these patients have a higher risk of procedure-related mortality and post-operative complications because of their age and comorbidities. This retrospective, single-center study aimed to compare the long-term survival of elderly cardiac-surgery patients (those aged over 80 years) with that of a national cohort matched for age and sex.

The study included 12,461 consecutive patients undergoing cardiac surgery between 1996 and 2003; 706 were aged over 80 years at the time of surgery. Information regarding preoperative variables, operation type and outcomes was collected from a hospital database. The UK National Health Service Strategic Tracing Service was used to determine whether patients were alive 30 days after the last

patient's surgery had been performed; length of follow-up ranged from 1 month to 7.6 years. Expected survival was calculated using UK population survival rates obtained from the Government Actuary's Department.

Long-term survival in those over 80 years was lower than expected in the year following surgery, but higher thereafter, with 82.1% surviving for 5 years compared with 55.9% in the general population matched for age and sex. Nonelective surgery was more frequent in the elderly and was related to higher mortality. The authors acknowledge a potential source of bias in patient preselection by referring clinicians, but suggest that cardiac surgery is acceptable for patients aged over 80 years in terms of mortality and morbidity and encourage elective rather than urgent referrals.

Rebecca Doherty

**Original article** Stoica S *et al.* (2005) Octogenarians undergoing cardiac surgery outlive their peers—a case for early referral. *Heart* [doi: 10.1136/hrt.2005.064451]

## No link between soluble CD40 ligand and subclinical atherosclerosis

Soluble CD40 ligand (sCD40L) is not associated with most coronary disease risk factors or with subclinical atherosclerosis, results from the Dallas Heart Study have revealed.

Recent pilot studies have generated interest in using measurements of circulating levels of sCD40L to help identify patients at high risk for developing coronary artery disease, but few data are available from population-based research. de Lemos *et al.* aimed to find out whether there is a link between sCD40L levels and coronary disease risk factors or presence of subclinical atherosclerosis in a large, multiethnic population.

Plasma levels of sCD40L were measured in 2,811 Dallas Heart Study participants (aged 30–65 years). Of this group, 2,198 individuals underwent electron-beam CT measurement of coronary artery calcium, and 1,965 individuals underwent MRI measurement of aortic plaque.

Incidence of hypertension and elevated levels of total cholesterol or triglyceride correlated slightly with raised levels of sCD40L, but no association was found with age, sex, ethnicity, BMI, diabetes, smoking, creatinine clearance,