difference was evident at the age of 10 years, and this continued throughout puberty.

The authors conclude that patients with mulibrey nanism show a distinct growth pattern. Although growth hormone treatment improved growth in the short term, it only had a modest effect on final adult height.

Original article Karlberg N *et al.* (2007) Growth and growth hormone therapy in subjects with mulibrey nanism. *Pediatrics* **120:** e102–e111

QRISK: a new British cardiovascular disease risk algorithm

A team of British researchers have developed and validated a new cardiovascular disease risk algorithm (QRISK) that is suited to the UK population and performs as well as established algorithms.

A variety of tools are available for calculating the risk of cardiovascular disease. The American Framingham algorithm is the most widely used in the UK, but tends to overestimate risk in European populations.

Hippisley-Cox and colleagues performed a prospective, open cohort study using data collected from a primary care population to derive and validate a new algorithm, and compare its performance with that of the Framingham algorithm and the new Scottish ASSIGN equations.

The QRISK algorithm was derived using a cohort of 1.28 million patients aged 35–74 years from 318 practices across the UK, who did not have diabetes or existing cardiovascular disease. The algorithm was then validated in a cohort of 0.61 million patients from 160 UK practices.

The 10-year risks of a cardiovascular event in the validation cohort were 6.60% and 9.28% for women and men, respectively. The overall risk was overestimated by a factor of 1.35 using the Framingham algorithm, by a factor of 1.36 using the ASSIGN equations, and by a factor of 1.004 using the new QRISK algorithm.

The authors conclude that this new algorithm will provide risk estimates more appropriate to the UK population and will help to ensure that patients most in need of treatment are correctly identified. This tool will, however, need to be further validated in other populations.

Original article Hippisley-Cox J *et al.* (2007) Derivation and validation of QRISK, a new cardiovascular disease risk score for the United Kingdom: prospective open cohort study. *BMJ* **335:** 136

Patients with POEMS syndrome should be investigated for endocrinopathies

A study was performed by Gandhi *et al.* to determine the prevalence and characteristics of endocrinopathies in POEMS syndrome, a rare disorder characterized by polyneuropathy, organomegaly, endocrinopathy, M protein and skin changes. The diagnosis of the disorder is based on the presence of two major criteria (polyneuropathy, clonal plasma cell proliferative disorder) and at least one minor criterion (sclerotic bone lesions, Castleman disease, organomegaly, edema, endocrinopathy, skin changes, papilledema).

In this study the medical records of 170 patients diagnosed with POEMS syndrome were analyzed retrospectively. Patients seen in or after 2000 ($n = 64$) were found to have had a more-complete endocrine evaluation and results were, therefore, focused on these patients.

Out of the 64 patients seen in or after 2000, 84% had an endocrinopathy. Seventy-nine percent of men, whose testosterone levels were measured, had levels below the normal range. Prolactin levels were higher than normal in 29% out of 35 patients. In 58% out of 48 patients, thyrotropin levels were elevated. Glucose metabolism was abnormal in 48% out of 50 patients. Adrenal insufficiency was found in 67% out of nine patients tested. Among 51 patients, 27% had true hypocalcemia. Multiple endocrinopathies were found in 54% of patients.

The authors suggest that the high prevalence of endocrinopathies in POEMS syndrome should lead clinicians to perform a thorough endocrine evaluation in patients diagnosed with this syndrome, and to monitor patients for endocrine abnormalities emerging during the course of the disease.

Original article Gandhi GY *et al.* (2007) Endocrinopathy in POEMS syndrome: the Mayo Clinic experience. *Mayo Clin Proc* **82:** 836–842