The authors conclude that parathyroidectomy in patients with mild, asymptomatic PHPT results in improvements to BMD and several aspects of quality-of-life, although those who did not undergo surgery showed no evidence of disease progression after 1 year's follow-up.

Original article Ambrogini E *et al.* (2007) Surgery or surveillance for mild asymptomatic primary hyperparathyroidism: a prospective, randomized clinical trial. *J Clin Endocrinol Metab* **92:** 3114–3121

Pediatric metabolic syndrome predicts CVD in later life

The cardiovascular risk factors that contribute to the metabolic syndrome are associated with future cardiovascular disease (CVD) in adults; however, it is not known whether the presence of these risk factors in childhood predicts CVD in adult life. Morrison and colleagues used data from the Lipid Research Clinics (LRC) Princeton Prevalence Study (1973–1976) and the Princeton Follow-up Study (PFS; 2000–2004) to investigate this relationship.

Children aged 5–19 years from the Princeton School District of Greater Cincinnati were evaluated for lipid characteristics, BMI, blood chemistry values, blood pressure and family history of CVD in the initial LRC study period. The PFS established the CVD status of 771 participants from the initial study.

The mean age of participants in the PFS was 38.4 years. Of the 31 patients who had pediatric metabolic syndrome in the LRC study, six (19.4%) experienced CVD during the intervening period compared with an incidence of 1.5% for participants who did not have metabolic syndrome in childhood. Multivariate analysis showed that pediatric metabolic syndrome (odds ratio [OR] 14.7, $P<0.0001$) and age at follow-up (OR 1.2, $P=0.03$) were significant predictors of CVD, whereas sex, race and family history of cardiovascular disease were not.

The authors conclude that pediatric metabolic syndrome predicts CVD during the subsequent 25 years of life. Their results highlight the importance of preventative interventions in childhood and early adult life, particularly with regards to weight and BMI control.

Original article Morrison JA *et al.* (2007) Metabolic syndrome in childhood predicts adult cardiovascular disease 25 years later: the Princeton Lipid Research Clinics Follow-up Study. *Pediatrics* **120:** 340–345

Devising a nomogram to assess absolute risk of hip fracture

Hip fracture, the most serious consequence of osteoporosis, can prove fatal. In patients who survive, treatment costs are high and a significant decrease in quality of life is common. The probability that someone will sustain a hip fracture is known to be related to several risk factors, but an absolute assessment of hip fracture risk is not currently possible in primary care. This seems to be a missed opportunity since assessing risk accurately could allow implementation of lifestyle interventions and bone-based medical treatments that could prevent hip fractures. Nguyen *et al*. propose that statistical models and epidemiological data can be used to develop a nomogram for hip fracture risk.

The authors studied 1,208 women and 740 men aged >60 years for a median duration of 13 years (interquartile range 6–14 years), recording femoral neck BMD, prior fracture, history of fall, postural sway and quadriceps strength, and the incidence of hip fracture. As expected, advancing age, low femoral neck BMD, prior fracture and history of falls were found to be independent predictors of hip fracture. The investigators were able to use this information to construct a nomogram that combines BMD and noninvasive clinical risk factors to predict the 5-year and 10-year risk of hip fracture for an individual woman and man.

This nomogram could help physicians to make informed decisions about absolute fracture risk in individuals who might benefit from early intervention.

Original article Nguyen ND *et al.* (2007) Development of a nomogram for individualizing hip fracture risk in men and women. *Osteoporos Int* **18:** 1109–1117

Characterization of normocalcemic primary hyperparathyroidism

Primary hyperparathyroidism (PHPT) is often characterized by mild, asymptomatic hypercalcemia. Although BMD might be reduced at diagnosis, subsequent decreases in BMD and worsening of biochemical indices are rare. It has been proposed that normocalcemic PHPT represents the earliest phase of this disease, and that during this phase serum parathyroid