

such, and another 29% were classified as having impaired glucose tolerance. Out of those patients classified as having normal glucose tolerance at the time of discharge, 60% were still classified as such after 12 months.

The authors conclude that an OGTT is a reliable tool for the early detection of glucose abnormalities and suggest that this should be performed in all patients with acute myocardial infarction when they are discharged from hospital. As a consequence, an appropriate management strategy could be initiated early in those patients.

Original article Wallander M *et al.* (2008) Oral glucose tolerance test: a reliable tool for early detection of glucose abnormalities in patients with acute myocardial infarction in clinical practice: a report on repeated oral glucose tolerance tests from the GAMI study. *Diabetes Care* 31: 36–38

Postmenopausal breast cancer risk with weight gain in nonusers of HRT

Obesity is a risk factor for postmenopausal breast cancer; it has been suggested that breast carcinogenesis may be initiated and promoted by an increase in production of endogenous estrogens in the adipose tissue. Women who do not use menopausal hormone therapy (MHT) are more susceptible to postmenopausal breast cancer associated with adiposity and adult weight gain, but the effect of the timing and amount of weight gain on breast cancer risk was unknown.

Ahn *et al.* carried out a prospective study of 99,039 postmenopausal women in the NIH–AARP (American Association of Retired Persons) Diet and Health Study. BMI and weight change at ages 18, 35 and 50 years and at the current age were examined in relation to breast cancer risk. Association of these factors with the effect of MHT was also investigated. The authors found that weight change during the four periods was consistently associated with increased breast cancer risk in MHT nonusers (relative risk [RR], 2.15; 95% CI, 1.35–3.42 for a ≥ 50 kg weight gain between age 18 years and the current age compared with stable weight) but not in current MHT users. MHT nonusers who were overweight or obese were more likely to develop advanced disease than those using MHT.

The authors concluded that there was no apparent relation between increased cancer risk and weight gain during specific periods in life and suggest that maintaining a healthy weight throughout life may be a useful preventative measure. They highlight that these findings may not apply to all women, as this particular study comprised mainly white women.

Original article Ahn J *et al.* (2007) Adiposity, adult weight change, and postmenopausal breast cancer risk. *Arch Intern Med* 167: 2091–2102

A population screening strategy for familial hypercholesterolemia

Familial hypercholesterolemia, an autosomal dominant disorder that results in increased serum cholesterol, affects ~2 per 1,000 people. The risk of death from coronary heart disease is increased 100-fold in adults under 40 years. Drugs that effectively lower serum cholesterol levels could be used to treat affected individuals identified by population screening. Wald *et al.* have, therefore, developed such a population screening strategy based on the results of a meta-analysis.

The meta-analysis included 13 published studies on total and LDL cholesterol concentrations in individuals with or without familial hypercholesterolemia. The studies included 1,907 cases and 16,221 controls. By analyzing the data by age group (newborns, 1–9 years, 10–19 years, 20–39 years, 40–59 years and ≥ 60 years), the authors found that measurement of total cholesterol concentration has the best discriminatory power in children aged 1–9 years.

The authors suggest that children could be screened when they receive routine vaccinations (age ~15 months). The authors estimated that the use of total cholesterol cutoffs that yield a false positive rate of 0.1% would enable ~90% of affected children to be identified.

The autosomal dominant nature of the disorder means that for each affected child there is at least one affected parent, who is statistically more likely to be the parent with the higher serum cholesterol concentration. The parent could be treated immediately; the affected child could be tracked and treated when older. The authors suggest that the next step is to assess,