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IN BRIEF

INTERVENTIONAL CARDIOLOGY

Cutting-balloon therapy superior to high-pressure balloon angioplasty in pulmonary artery stenosis

A prospective, randomized, multicenter trial has demonstrated that cutting-balloon therapy increases lumen diameter to a greater extent than high-pressure balloon angioplasty (85% versus 52%, $P=0.004$) in pediatric patients with congenital pulmonary stenosis. Although the study was not powered to show a difference in safety, the two forms of treatment were found to have similar safety profiles; no serious adverse events occurred in either group. Cutting-balloon therapy could become the treatment of choice for the ~30% of cases in which the lesion is unresponsive to high-pressure balloon angioplasty.

Original article Bergersen, L. *et al.* Randomized trial of cutting balloon compared with high-pressure angioplasty for the treatment of resistant pulmonary artery stenosis. *Circulation* doi:10.1161/CIRCULATIONAHA.111.018200

RISK FACTORS

Large study demonstrates no increased risk of serious cardiovascular events with ADHD drugs

North-American investigators who performed a retrospective cohort study of 1,200,438 young patients (aged 2–24 years) have reported that current use of drugs for attention deficit-hyperactivity disorder (ADHD) is not associated with increased risk for sudden cardiac death, acute myocardial infarction, or stroke (adjusted HR 0.75; 95% CI 0.31–1.85). Additionally, no link with ADHD-drug use was found for the individual end points of sudden cardiac death (adjusted HR 0.88; 95% CI 0.23–3.35) and stroke (adjusted HR 0.93; 95% CI 0.29–2.97), and no acute myocardial infarctions occurred in the current users. Former use of ADHD drugs also had no impact on risk for these serious cardiovascular events (adjusted HR 1.03; 95% CI 0.57–1.89). The results of this study, which was funded by the FDA and the Agency for Healthcare Research and Quality, should help to allay some of the previous concerns about adverse effects of ADHD drugs in Canada and the USA.

Original article Cooper, W. O. *et al.* ADHD drugs and serious cardiovascular events in children and young adults. *N. Engl. J. Med.* doi:10.1056/NEJMoa1110212

VALVULAR DISEASE

TAVI likely to be a cost-effective option for SAVR-ineligible patients with severe aortic stenosis

A new analysis has demonstrated that transcatheter aortic valve implantation (TAVI) is likely to be a cost-effective alternative to medical management in patients with severe aortic stenosis who are ineligible for surgical aortic valve replacement. The decision analytical model used in the study assessed costs and benefits over a 10-year timeframe. The incremental cost-effectiveness ratio for TAVI was ~£16,100 per quality-adjusted life year gained, which is below the threshold range (£20,000–£30,000 over 7 years) used by the UK National Institute for Health and Clinical Excellence to determine 'cost-effectiveness'.

Original article Watt, M. *et al.* Cost-effectiveness of transcatheter aortic valve replacement in patients ineligible for conventional aortic valve replacement. *Heart* doi:10.1136/heartjnl-2011-300444