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IN BRIEFS

VENOUS THROMBOEMBOLISM

High risk of pulmonary embolism in patients with autoimmune disorders

In Sweden, 535,538 individuals were hospitalized because of an autoimmune disorder between January 1964 and December 2008. Compared with the rest of the national population, the standardized incidence ratio (SIR) for pulmonary embolism in the first year after admission was 6.38. Patients with immune thrombocytopenic purpura, polyarteritis nodosa, polymyositis or dermatomyositis, or systemic lupus erythematosus were at particularly high risk (SIR 10.79, 13.26, 16.44, and 10.23, respectively). The investigators, therefore, conclude that “these [autoimmune] disorders in general should be regarded as hypercoaguable disorders”.

Original article Zöller, B., Li, X., Sundquist, J. & Sundquist, K. Risk of pulmonary embolism in patients with autoimmune disorders: a nationwide follow-up study from Sweden. *Lancet* doi:10.1016/S0140-6736(11)61306-8

VASCULAR DISEASE

Long-term therapy with simvastatin in patients at high risk of vascular disease is effective and safe

Although therapy with statins has been shown to lower LDL-cholesterol levels effectively and, consequently, vascular morbidity and mortality, evidence for the long-term efficacy and safety of such treatment is limited. Researchers in the Heart Protection Study Collaborative Group randomly allocated 20,536 patients at high risk of vascular and nonvascular outcomes to either 40 mg simvastatin daily or placebo. In-trial follow-up was 5.3 years and post-trial follow-up (when statin therapy was similar in both groups) extended the duration to 11 years. During the in-trial period, simvastatin was associated with an average lowering of LDL-cholesterol levels by 1.0 mmol/l and a reduction in major vascular events by 23% compared with placebo. Over the 11-year follow-up, no significant differences in the incidence of cancer or mortality were observed between the two groups.

Original article Heart Protection Study Collaborative Group. Effects on 11-year mortality and morbidity of lowering LDL cholesterol with simvastatin for about 5 years in 20 536 high-risk individuals: a randomised controlled trial. *Lancet* doi:10.1016/S0140-6736(11)61125-2

RISK FACTORS

J-shaped relationship between sodium excretion and risk of cardiovascular events

Meta-analyses from the past couple of years have yielded mixed findings on the effects of a salt-restricted diet on hypertension and cardiovascular risk. Using data from patients with cardiovascular disease or diabetes mellitus who had been enrolled in ONTARGET or TRANSCEND, researchers now show that the relationship between estimated urinary sodium excretion and cardiovascular risk is J-shaped. Risk of cardiovascular mortality and hospitalization for congestive heart failure was lowest when sodium excretion was between 4 g and 5.99 g per day, and rose at levels of sodium excretion >7 g per day or <3 g per day. The investigators also report that higher levels of estimated potassium excretion were associated with a reduced risk of stroke compared with potassium excretion <1.5 g per day.

Original article O'Donnell, M. J. *et al.* Urinary sodium and potassium excretion and risk of cardiovascular events. *JAMA* 306, 2229–2238 (2011)