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IN BRIEF

RISK FACTORS

Good news for regular coffee drinkers

A prospective study of 229,119 men and 173,141 women (median follow-up 13.6 years) has shown that coffee consumption is not linked with increased risk of cardiovascular death. Indeed, after adjustment for various potential dietary and lifestyle confounders, higher coffee consumption was associated with lower mortality. In total, 8,127 individuals died from heart disease and 1,327 people died as a result of stroke. Compared with drinking no coffee, daily consumption of <1 cup, 1 cup, 2 or 3 cups, 4 or 5 cups, and ≥6 cups of coffee was associated with adjusted HRs for heart-disease-linked death of 0.93, 0.92, 0.86, 0.87, and 0.88, respectively (*P* value for trend=0.03). Similarly, adjusted HRs for stroke-linked death were 0.99, 0.92, 0.84, 0.65, and 0.83, respectively (*P* value for trend=0.003). Notably, the study does not provide any information on whether or not this association is causal.

Original article Freedman, N. D. *et al.* Association of coffee drinking with total and cause-specific mortality. *N. Engl. J. Med.* **366**, 1891–1904 (2012)

RISK FACTORS

Commonly prescribed antibiotic linked to increased CV risk

A large, observational cohort study has demonstrated that azithromycin, which was previously thought to have low cardiotoxicity, might actually be associated with significantly increased risk of cardiovascular (CV) death. Compared with patients taking no antibiotics, 5 days of treatment with azithromycin was associated with a HR of 2.88 (95% CI 1.79–4.63, *P*<0.001) for CV death. The investigators also compared azithromycin with three other antibiotics. Compared with the first 5 days of a course of amoxicillin or ciprofloxacin, a 5-day course of azithromycin had HRs of 2.49 (95% CI 1.38–4.50, *P*=0.002) and 3.49 (95% CI 1.32–9.26, *P*=0.01), respectively, for CV death. Risk of CV death did not differ significantly from that associated with use of levofloxacin (HR 1.27, 95% CI 0.66–2.47, *P*=0.48), which the investigators point out has previously recognized proarrhythmic potential.

Original article Ray, W. A. *et al.* Azithromycin and the risk of cardiovascular death. *N. Engl. J. Med.* **366**, 1881–1890 (2012)

ATRIAL FIBRILLATION

A growing cardiovascular problem in Australia

A study of all hospitalizations in Australia over the period 1993–2007 has shown that hospitalizations for atrial fibrillation (AF) are increasing at a greater rate than hospitalizations for myocardial infarction or heart failure. Prevalence of AF hospitalizations increased by 6.5% each year (155% over the 15-year period assessed), compared with only a 3.2% annual increase (50% total increase) for prevalence of hospitalizations for myocardial infarction and a 3.0% annual decrease (2% total decrease) in prevalence of hospitalizations for heart failure. Similar trends were found for both sexes and for all age groups assessed. The investigators point out that their findings “have important implications for health-care planning and the need for better primary prevention and treatment of AF”.

Original article Wong, C. X. *et al.* The increasing burden of atrial fibrillation compared with heart failure and myocardial infarction: a 15-year study of all hospitalizations in Australia. *Arch. Intern. Med.* **172**, 739–741 (2012)