编号：**YY001-20190909001**

标题：**Dyslipidaemia among Ghanaian migrants in three European countries and their compatriots in rural and urban Ghana: The RODAM study**

简介：Background and aims

African populations have a favourable lipid profile compared to European populations. However, the extent to which they differ between rural and urban settings in Africa and upon migration to Europe is unknown. We assessed the lipid profiles of Ghanaians living in rural- and urban-Ghana and Ghanaian migrants living in three European countries.

Methods

We used data from a multi-centre, cross-sectional study among Ghanaian adults residing in rural- and urban-Ghana and London, Amsterdam and Berlin (n = 5482). Dyslipidaemias were defined using the 2012 European Guidelines on Cardiovascular Prevention. Comparisons between groups were made using age-standardised prevalence and prevalence ratios (PRs) with adjustments for important covariates.

Results

In both sexes, the age-standardised prevalence of high total cholesterol (TC) and LDL-cholesterol (LDL-C) was lower in rural- than in urban-Ghana and Ghanaian migrants in Europe. Adjusted PRs of high TC and LDL-C were higher in urban-Ghana (TC PR = 2.15, 95%confidence interval 1.69–2.73) and Ghanaian migrant men (TC PR = 2.03 (1.56–2.63)) compared to rural-Ghana, but there was no difference between rural- and Ghanaian migrant women (TC PR = 1.01 (0.84–1.22)). High triglycerides levels were as prevalent in rural-Ghana (11.6%) as in urban-Ghana (12.8%), but were less prevalent in Ghanaian migrant women (2.0%). In both sexes, low HDL-cholesterol was most prevalent in rural-Ghana (50.1%) and least prevalent in Europe (12.9%).

Conclusion

The lipid profile varied among ethnically homogeneous African populations living in different geographical locations in Africa and Europe. Additional research is needed to identify factors driving these differential risks to assist prevention efforts.

全文链接：http://pan.ckcest.cn/rcservice//doc?doc_id=42374

编号：**YY001-20190909002**

标题：**One-year clinical outcomes between biodegradable-polymer-coated biolimus-eluting stent and durable-polymer-coated drug-eluting stents in STEMI patients with multivessel coronary artery disease undergoing culprit-only or multivessel PCI**

简介：Background and aims

There are limited data comparing clinical outcomes among new-generation drug-eluting stents (DES) in ST-segment elevation myocardial infarction (STEMI) patients with multivessel coronary artery disease (MVD) who underwent primary percutaneous coronary intervention (PCI) with culprit-only or multivessel PCI. We investigated 1-year clinical outcomes between biodegradable-polymer (BP)-coated biolimus-eluting stent (BES) and durable-polymer (DP)-coated DES in STEMI patients with MVD who underwent two different reperfusion strategies.

Methods

A total of 4255 patients were enrolled and divided into two groups, a culprit-only (n = 2571, BP- [n = 264] or DP-DES [n = 2307]) or a multivessel PCI group (n = 1684, BP- [n = 145] or DP-DES [n = 1539]). The primary endpoint was major adverse cardiac events (MACE) defined as all-cause death, recurrent myocardial infarction (re-MI), and total repeat revascularization. The secondary endpoint was the incidence of definite or probable stent thrombosis (ST).

Results

BP-BES and DP-DES showed a similar 1-year adjusted hazard ratio (HR) for MACE (culprit-only, adjusted hazard ratio [HR], 1.114; p = 0.740; multivessel, HR, 0.564; p = 0.167) and ST (culprit-only, HR, 1.110, p = 0.891; multivessel, HR, 0.375; p = 0.402). The adjusted HR for all-cause death, re-MI, and repeat revascularization were similar between the two groups. In the total population, the culprit-only PCI group showed a higher incidence of total repeat revascularization than the multivessel PCI group.

Conclusions

BP-BES and DP-DES showed comparable safety and efficacy in STEMI patients with MVD who underwent primary PCI with two different reperfusion strategies during a 1-year follow-up period.

全文链接：http://pan.ckcest.cn/rcservice//doc?doc_id=42375

编号：**YY001-20190909003**
标题：**Ideal cardiovascular health associated with fatty liver: Results from a multi-ethnic survey**
简介：Background and aims

Little is known about the role of liver enzymes as predictors of non-liver-related morbidity and mortality. The ideal cardiovascular health (CVH) score proposed by the American Heart Association (AHA) can be used to predict mortality and morbidity. We investigated the association of the CVH score with liver enzymes and the risk of non-alcoholic fatty liver disease (NAFLD) among US adults.

Methods

By using the National Health and Nutrition Examination Survey database (cross-sectional), the CVH score was calculated as meeting ideal levels of the following components: 4 behaviors (smoking, body mass index, physical activity and diet adherence) and 3 factors (total cholesterol, blood pressure and fasting glucose).

Results

Individuals with a higher CVH score ("better CVH") had a more favorable profile of liver biomarkers. Adjusted (for age, gender, race, poverty to income ratio, education, marital status and alcohol intake) linear regression indicated significant and negative associations between liver biomarkers and CVH score: ($\beta = -0.069$, $p < 0.001$) for alanine aminotransferase, ($\beta = -0.095$, $p < 0.001$), aspartate aminotransferase, ($\beta = -0.067$, $p < 0.001$), alkaline phosphatase and ($\beta = -0.125$, $p < 0.001$) and fatty liver index. In the logistic regression, with the same confounders, individuals with a higher CVH score had

12% less likelihood of NAFLD compared with those with a lower score. Furthermore, each CVH metric separately was inversely linked to the risk of NAFLD.

Conclusions
For the first time among US adults, our findings shed light on the role CVH on liver biomarkers.

全文链接：http://pan.ckcest.cn/rcservice//doc?doc_id=42376

编号：**YY001-20190909004**
标题：**Ticagrelor in the prevention of coronary and non-coronary atherothrombotic events: A comprehensive meta-analysis of 10 randomized trials**

简介：Background and aims
More potent antithrombotic strategies have significantly reduced the rate of recurrent ischemic events in cardiovascular disease. Ticagrelor, in particular, has significantly improved the outcome in patients with acute coronary syndromes, offering potential benefits also in terms of survival. In addition, more recent data have suggested that the advantages of ticagrelor could be extended also to non-coronary atherothrombotic disease, although with contrasting results, especially for mortality reduction. The aim of the present meta-analysis was to investigate the safety and effectiveness of a newer antiplatelet strategy with ticagrelor as compared to traditional antiplatelet regimens in patients with coronary or non-coronary atherothrombotic disease.

Methods
Literature and main scientific session abstracts were searched for studies comparing a ticagrelor-based antiplatelet regimen vs. different antiplatelet agents in the secondary prevention of cardiac, cerebral or vascular atherothrombotic events. The primary efficacy endpoint was mortality, primary safety endpoint was the occurrence of major bleedings. Secondary endpoints were myocardial infarction and stroke.

Results
We included 10 randomized clinical trials, for a total population of 73,121 patients, 54.9% randomized to ticagrelor. At a mean follow-up of 13.4 ± 12.6 months, a newer antiplatelet strategy based on ticagrelor was associated with a significant reduction in mortality as compared to a traditional therapy (OR[95%CI] = 0.92[0.86,0.99], p=0.02; phet = 0.14), however, such benefits were more evident in patients with coronary artery disease, while not in non-coronary trials, with a significant interaction between patients' setting and the prognostic impact of ticagrelor (p int = 0.03). A similar result was achieved for cardiovascular mortality, recurrent myocardial infarction, while for the risk of stroke, the largest advantages were observed in patients with a previous cerebrovascular accident. Major bleeding events were increased in ticagrelor treated patients (OR [95%CI] = 1.11 [1.02, 1.20], p=0.01; phet = 0.0003), although not affecting overall mortality, as confirmed by meta-regression analysis.

Conclusions
Based on the current meta-analysis, a newer antiplatelet strategy based on ticagrelor is associated with a significant reduction in mortality and recurrent cardiovascular events,

as compared to a traditional treatment, among patients treated for coronary disease but not among those with non-coronary atherothrombotic disease. However, ticagrelor therapy was associated with a significant increase in major bleeding complications.

全文链接：http://pan.ckcest.cn/rcservice//doc?doc_id=42377

编号：**YY001-20190909005**

标题：**Post-stroke dementia is associated with increased subsequent all-cause mortality: A population-based cohort study**

简介：Background and aims

We aimed to determine whether patients with post-stroke dementia (PSD) have increased mortality risk in Taiwan.

Methods

We included ≥40-year-old patients who received a stroke diagnosis between 2000 and 2012 from a subset of the National Health Insurance Research Database of Taiwan. These patients were divided into PSD (International Classification of Diseases, Ninth Revision, Clinical Modification codes 290, 294.1, and 331.0) and post-stroke non-dementia (PSN) cohorts. Furthermore, we propensity score (PS) matched the PSD and PSN groups. PS was calculated through logistic regression to estimate the probability of stroke status assignment given the baseline variables, namely age, sex, and comorbidity. We calculated the adjusted hazard ratios (aHRs) and 95% confidence intervals (CIs) for death in the PSD and PSN cohorts after adjustments for age, sex, and comorbidities.

Results

Overall incidence density rates of death were 148.7 and 106.7 per 1,000 person-years in the PSD and PSN PS-matched cohorts, with the aHR of 1.42 (95% CI = 1.34–1.50). Average hospital days increased by 9.03 days and frequency of medical visits increased by 15.8 times per year in the PSD cohort compared with the PSN cohort.

Conclusions

The subsequent mortality rate in patients with PSD is increased compared with those without PSD. Moreover, the average hospital days and frequency of medical visit are increased in patients with PSD. Our findings provide crucial information for clinicians and the government to improve survival of patients after stroke.

全文链接：http://pan.ckcest.cn/rcservice//doc?doc_id=42378