

## CLINICAL CAPSULES

**Fish Oil May Promote Arrhythmia**

Fish oil supplements not only failed to suppress arrhythmias, they may have promoted them in a study of patients with implantable defibrillators, reported Merritt H. Raitt, M.D., of Oregon Health and Science University, Portland, and associates.

Many studies have suggested that fish oil supplements or increased intake of certain fatty fish exerts an antiarrhythmic effect, leading both the American Heart Association and the Food and Drug Administration to recommend fish oil for patients with coronary artery disease and for the general population.

To assess the possible antiarrhythmic properties of fish oil, the investigators conducted a multicenter study of 200 patients who received implantable cardioverter defibrillator (ICDs) for sustained ventricular tachycardia (VT) or ventricular fibrillation (VF). Subjects were randomly assigned to receive either fish oil supplements or placebo and were followed for a median of 2 years. There was a significantly increased rate of recurrent episodes of VT/VF in patients assigned to fish oil. "Fish oil may be proarrhythmic in this population," the investigators concluded (JAMA 2005;293:2884-91).

**Statins vs. Calcific Aortic Stenosis**

Intensive statin therapy did not induce regression of calcific aortic stenosis or even halt the progression of the condition in a study of 155 patients, even though it reduced cholesterol levels dramatically, reported S. Joanna Cowell, of the Royal Infirmary, Edinburgh, and her associates.

The researchers proposed that statins might halt the progression of calcific aortic stenosis because the drugs can do so with coronary artery disease and because they reduce coronary artery calcification (N. Engl. J. Med. 2005;352:2389-97).

In the 2-year prospective trial, 77 patients with mild to moderate or severe calcific aortic stenosis were randomly assigned to receive high-dose atorvastatin (Lipitor) and 78 received placebo. There were no significant differences in the rate of disease progression as measured with Doppler echocardiography and helical CT. Moreover, progression of stenosis showed no relation to cholesterol levels, nor did high-dose atorvastatin show any effect on clinical end points such as mortality or the need for hospitalization or valve replacement.

**Telemonitoring for High-Risk HF**

Daily home telemonitoring may prove valuable for managing high-risk heart failure patients who require repeated hospital admissions, according to John G.F. Cleland, M.D., of the University of Hull (U.K.), and his associates.

The researchers evaluated 426 heart failure patients with left ventricle ejection fractions of less than 40% who were treated at 16 hospitals in Germany, the Netherlands, and the United Kingdom. A total of 168 patients were randomly assigned to a home telemonitoring program in which they transmitted data on weight, blood pressure, heart rate, and heart rhythm twice a day to a nursing staff. The remaining patients received either usual care or verbal support via telephone from a nurse.

Those in the telemonitoring program showed lower mortality rates and shorter hospital stays than the other groups, although the differences did not reach statistical significance. They also were more likely to receive appropriate medications. The benefits of telemonitoring will probably become more distinct as medical staff become accustomed to the technology, the investigators said (J. Am. Coll. Cardiol. 2005;45:1654-64).

**Cystatin C Predicts CV Events**

Serum level of cystatin C, which measures

renal function, was a stronger predictor of cardiovascular events and of mortality in a study of elderly subjects than were creatinine level and estimated glomerular filtration rate, according to Michael G. Shlipak, M.D., of the University of California, San Francisco, and his associates.

In 4,637 ambulatory elderly subjects followed for a mean of 7 years, cystatin C was the best predictor of CV events, cardiac mortality, and overall mortality. They were able to define low-risk levels (<1.00 mg/L), intermediate-risk levels (1.00-1.28 mg/L), and high-risk levels (1.29 mg/L or more) of cystatin C, the researchers said (N. Engl. J. Med. 2005;352:2049-60).

In an editorial, Lesley A. Stevens, M.D., and Andrew S. Levey, M.D., both of Tufts-New England Medical Center, Boston, said these results suggest that the higher risk of CVD among elderly patients with kidney disease "may be stronger and occur at higher levels of [glomerular filtration rate] than previously suspected."

All elderly patients should be evaluated for possible kidney disease, and those found to have it "should be considered to be in the highest risk group for [cardiovascular] disease and should receive intensive risk-reduction therapy," they said (N. Engl. J. Med. 2005;352:2122-4).

—Mary Ann Moon



\*Zolpidem tartrate worldwide.

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