Cognitive Deficits in Patients With Antiphospholipid Syndrome

Antiphospholipid syndrome is a multisystem disorder characterized by recurrent thromboses and various neuropsychiatric manifestations. In this study, Tektonidou et al examined the presence of cognitive dysfunction in 60 patients with antiphospholipid syndrome and its association with the clinical, laboratory, and cerebral magnetic resonance imaging characteristics. The authors found that cognitive deficits were frequently detected among patients with antiphospholipid syndrome, independent of any history of central nervous system involvement. Livedo reticularis and the presence of white matter lesions on brain magnetic resonance imaging were associated with an increased risk for cognitive dysfunction.

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Cardiovascular Risk in Midlife and Psychological Well-being Among Older Men

Strandberg et al investigated whether cardiovascular risk in midlife would be related to psychological well-being, including the feeling of happiness in old age. The authors followed up a homogeneous group of initially healthy middle-aged men for 29 years. At baseline in 1974, the men were assessed to be at low (n=593) or high (n=610) risk of cardiovascular diseases according to their risk factors. During follow-up, total mortality was significantly lower in the low-risk group. In addition, older survivors (mean age, 76 years) in the low-risk group felt themselves happier and had more positive life orientation compared with survivors in the high-risk group. These results could be used to stimulate better prevention and modification of risk factors early in life.

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Red Meat Intake and Risk of Breast Cancer Among Premenopausal Women

In a prospective study of premenopausal women, Cho et al found that greater red meat intake was related to elevated risk of breast cancers that were estrogen and progesterone receptor positive but not to those that were estrogen and progesterone receptor negative. Higher intakes of several individual red meat items were also related to elevated risk of hormone receptor–positive breast cancer.

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Prescription of Tamoxifen for Breast Cancer Prevention by Primary Care Physicians

Although tamoxifen has been approved by the Food and Drug Administration for primary prevention of breast cancer since 1998, studies suggest that use by high-risk women is limited. Primary care providers play a key role in the prescription of tamoxifen for primary prevention because most eligible women will not be seen in high-risk clinics. In this survey of 350 primary care providers, Armstrong et al found that 27% of providers had prescribed tamoxifen in the past 12 months. Providers who had prescribed tamoxifen were more likely to have a family member with breast cancer, to have patients ask for information about tamoxifen, and to believe that the benefits of tamoxifen outweighed the risks and that determining eligibility was easy. In hypothetical scenarios of women with different risk profiles, the prescription of tamoxifen was affected by the patient’s family history of breast cancer but not her endometrial cancer risk (ie, hysterectomy status). These results indicate that increasing the uptake of chemoprevention will require addressing logistical issues and physician and patient motivation as well as improving the risk-benefit ratio of the intervention.

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Effectiveness of Implantable Cardioverter-Defibrillators in Patients With Ischemic Heart Disease and Left Ventricular Dysfunction

Implantable cardioverter-defibrillators (ICDs) have been shown in primary prevention efficacy trials to reduce mortality in patients with ischemic heart disease and left ventricular dysfunction. Clinical trials, however, examine the efficacy of an intervention in controlled settings, and results of such efficacy trials are not always generalizable to the larger population. Having developed a prospective multicenter cohort of 770 primary prevention patients with ischemic left ventricular dysfunction (left ventricular ejection fraction <35%) and without a history of ventricular arrhythmia, Chan et al conducted an effectiveness study of ICDs and examined whether the benefits found in efficacy trials are diluted in routine clinical practice. They found that ICDs appeared to reduce all-cause and arrhythmic rates of mortality at levels similar to those found in primary prevention trials. These findings provide reassurance that the decision by Medicare to expand indications for prophylactic ICD implantation has significant mortality benefits in the community setting.

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