

## JOURNAL WATCH

Our expert highlights the most important research articles across the spectrum of topics relevant to the field of clinical practice

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The Risk and Prevention Study Collaborative Group. n-3 fatty acids in patients with multiple cardiovascular risk factors. *N. Engl. J. Med.* 368, 1800–1808 (2013).

Fish consumption has been associated with a reduction in cardiovascular events. Presumably, much of this benefit is from the n-3 fatty acids found in fish. Extrapolation of this has led to the thought that dietary supplementation with n-3 fatty acids will reduce the overall cardiovascular risk in patients with multiple cardiovascular risk factors. In the current trial, over 12,000 patients with multiple cardiovascular risk factors or atherosclerosis (no prior myocardial infarction) were randomly enrolled to take n-3 fatty acids or placebo. After approximately 5 years of follow-up, there was no difference in the end point between the two arms. The authors conclude that the discrepancy between the current trial and prior studies may lie in that this study was underpowered to detect a reduction in arrhythmic deaths which might be one of the beneficial effects to n-3 fatty acids.

Birnie DH, Healey JS, Wells GA *et al.* Pacemaker or defibrillator surgery without interruption of anticoagulation. *N. Engl. J. Med.* 368, 2084–2093 (2013).

It is a well-practiced dogma in invasive medicine and surgery that coagulopathy should be corrected prior to procedures. It is thought that this approach will lead to fewer bleeding complications perioperatively. However, cessation of anticoagulation has risks too. Many patients undergoing a pacemaker or defibrillator implantation have associated thromboembolic risks that make normalizing the international normalized ratio or bridging with heparin potentially risky. This current trial randomized patients with an annualized thromboembolic risk of  $\geq 5\%$  to either continuation of warfarin or heparin bridging. The authors found that the thromboembolic risk was equivalently low between the two arms, but that pocket-related hematomas were significantly reduced with continuation of warfarin. This trial should hopefully both justify and simplify the strategy of continued anticoagulation for this subset of patients who require both



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anticoagulation and either a pacemaker or defibrillator.

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Svanstrom H, Pasternak B, Hviid A.  
Use of azithromycin and death from cardiovascular causes. *N. Engl. J. Med.* 368, 1704–1712 (2013).

Azithromycin has been evaluated extensively in cardiovascular disease. Some studies have evaluated inflammatory reduction with azithromycin whereas more recently, an observational study suggested an association between azithromycin use and increased cardiovascular death in Medicaid patients. This current cohort study was performed to challenge this association in

a different patient population: young to middle-aged Danish patients. The authors found no association between azithromycin use and cardiovascular death compared with penicillin use.

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