generally believed to reduce the risk of stroke, patients with risk factors may have a stroke after the cessation of anticoagulant therapy, despite the maintenance of sinus rhythm.3

We agree with de Simone and colleagues that prevention of symptomatic AF recurrences by pharmacological strategies is a desirable goal. But this strategy does not preclude the occurrence of cardiovascular events in the future. The high risk for thromboembolic events associated with both, the frequent asymptomatic and unrecognized AF recurrences and persistent comorbid conditions (e.g. heart failure) may require long term anticoagulation in at least some patients with obviously ‘effective’ pharmacological therapy for prevention of symptomatic AF recurrences.

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Low cholesterol values are no longer common in China

In the editorial published in the October 2003 issue, Lewington1 stated that ‘... lower threshold such as 4 mmol/l for total cholesterol... is not uncommon in China...’ This used to be the case several decades ago but unfortunately is no longer true.2

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In China the normal plasma cholesterol values were 155 mg/dl or 4 mmol/l in 1958,3 191 mg/dl or 4.9 mmol/l in 1981,3 200 mg/dl or 5.2 mmol/l in 1997,4 and 232 mg/dl or 6.0 mmol/l in 2003.5 This alarming trend of rising ‘normal’ cholesterol values in China is a result of a change in lifestyle and dietary habits.6

Is China paying too high a price for modernization?6

References


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