fatty acids ($n$ = 3,494) or placebo ($n$ = 3,481). The majority of participants were elderly (mean age 67 years), with 42% aged >70 years. At base-line, 94% of patients took angiotensin-converting enzyme inhibitors or angiotensin receptor blockers, 90% used diuretics, and 65% were on β-blockers. During follow-up (median of 3.9 years), all-cause mortality was lower in the treatment group than in the placebo group (27% versus 29%, hazard ratio 0.91, 95.5% CI 0.833–0.998, $P$ = 0.041). Interestingly, this reduction in mortality only became evident after 2 years of treatment. Patients who received omega-3 fatty acids also benefited from a reduction in the combined risk of death or hospital admission for cardiovascular causes (hazard ratio 0.92, 99% CI 0.849–0.999, $P$ = 0.009). Overall, 29% of patients discontinued treatment during the study, but the discontinuation rate was statistically similar in both groups.

**Original article** GISSI-HF Investigators (2008) Effect of n-3 polyunsaturated fatty acids in patients with chronic heart failure (the GISSI-HF trial): a randomised, double-blind, placebo-controlled trial. *Lancet* **372:** 1231–1239

## Darapladib inhibits necrotic core expansion in atherosclerotic lesions

Results from the second Integrated Biomarker and Imaging Study published in *Circulation* reveal that treatment with the direct lipoprotein-associated phospholipase $A_2$ (Lp-$PLA_2$) inhibitor, darapladib, slows the progression of atherosclerotic core expansion when compared with placebo.

In this international, double-blind trial, eligible patients scheduled to undergo cardiac catheterization for an acute coronary syndrome, or chest pain of other etiology, were randomly assigned to receive 160 mg daily of darapladib ($n$ = 175) or placebo ($n$ = 155) for 12 months. In total, 131 darapladib-treated and 115 placebo-treated patients completed treatment and underwent intravascular ultrasound imaging (median follow-up 364 days). Necrotic core volumes of the imaged atherosclerotic lesions increased significantly during the study period among patients who received placebo, but remained unchanged from baseline in those who received darapladib ($P$ = 0.012 for between-group comparison). The change in total atheroma volume from baseline did not differ significantly between the two treatment groups. In addition, plasma levels of Lp-$PLA_2$ at 12 months were 59% lower with darapladib treatment than with placebo ($P$ <0.001). The mean on-treatment systolic blood pressure was 3 mmHg higher in the darapladib group than in the placebo group ($P$ = 0.031), but no other significant differences in clinical outcome or in the number of adverse events were observed. The authors suggest that Lp-$PLA_2$ inhibition could represent a novel therapeutic approach for patients with atherosclerosis.

**Original article** Serruys PW *et al.* (2008) Effects of direct lipoprotein-associated phospholipase $A_2$ inhibitor darapladib on human coronary atherosclerotic plaque. *Circulation* **118:** 1172–1182

## Mortality risk and patients' quality of life on ICD therapy: insights from SCD-HeFT

Multiple implantable cardioverter-defibrillator (ICD) shocks can impair a patient's quality of life, and the long-term prognosis associated with shocks remains undefined. In 2008, two published papers from the well-known Sudden Cardiac Death in Heart Failure Trial (SCD-HeFT) investigated these issues. In just under 4 years, SCD-HeFT analyzed the efficacy of conventional therapy plus placebo, amiodarone, or single-lead ICD therapy for primary prevention in 2,521 patients with chronic, stable, NYHA class II or III heart failure and a left ventricular ejection fraction of ≤35%. Although amiodarone showed no survival benefit over placebo, ICD therapy significantly decreased mortality risk compared with placebo.

In the first study, Daniel Mark and fellow SCD-HeFT investigators prospectively assessed ICD therapy in the context of quality of life. At study start, and again at 3, 12, and 30 months, all patients were interviewed to assess their quality of life. Psychological well-being was assessed using the Medical Outcomes Study 36-Item Short Form Mental Health Inventory, which is scored on a scale of 1–100 and higher scores indicate greater psychological well-being. Patients in the ICD group had significantly higher scores at 3 and 12 months than those who received placebo (median scores 80 and 76, respectively, at both 3 months [$P$ = 0.01] and 12 months [$P$ = 0.003]). However,