Background Elevated blood pressure and excess weight are established major risk factors for cardiovascular disease (CVD). Previous studies have suggested that hypertension is a greater cardiovascular hazard among obese compared with lean individuals, but the epidemiological evidence is conflicting.

Methods and Results The interaction between systolic blood pressure (SBP) and BMI on fatal or non-fatal coronary heart disease (CHD), ischaemic stroke and hemorrhagic stroke was examined using pooled data from the Asia Pacific Cohort Studies Collaboration. Participants of the study were 419,448 men and women aged >30 years at baseline. BMI was categorised into five groups (12.0–18.4, 18.5–22.9, 23.0–24.9, 25.0–29.9 and 30.0–60.0 kg/m²). Cox proportional hazards models, stratified by sex and study, were used to estimate HRs adjusting for age and smoking status, and the interaction between SBP and BMI was assessed by likelihood ratio test. During 2,619,241 person-years of follow-up, there were 10,877 CVD events (59% in Asia, 54% women, 71% fatal). For all forms of CVD except haemorrhagic stroke, there was evidence of an antagonistic interaction between SBP and BMI such that the risks of subsequent CHD (p 0.01), ischaemic stroke (p 0.03) and CVD (p 0.001) associated with increases in SBP were higher in normal-weight individuals compared with obese individuals.

Conclusion Increased SBP is an important determinant of subsequent cardiovascular risk irrespective of body size and, in relative terms, lean individuals were shown to have a poorer prognosis for CHD and ischaemic stroke.

Background Alcohol consumption, metabolic factors and oxidative stress have consistently been linked to cancer development. Gamma-glutamyltransferase (GGT) is a biomarker for adverse factors such as hyperglycaemia, dislipidaemia and obesity. We therefore hypothesise that GGT is associated with cancer incidence at different sites.

Methods First visit measurements in 94,628 adult women and 80,224 men screened for metabolic risk factors as part of the Vorarlberg Health Monitoring & Promotion Programme (VHM&PP). During a median follow-up of 13 years, a total of 51,366 incident cancers were diagnosed in men and 46,665 in women. Sex-specific Cox proportional hazards models, adjusted for age, body-mass index and smoking were performed to estimate HRs and 95% CI per quintiles of GGT.

Results In males, there were associations (highest vs lowest quintiles) of GGT with liver cancer (HR=1.13, 1.01–4.56), lung cancer (HR=2.04, 1.55–2.70), bladder cancer (HR=1.76, 1.11–2.77), kidney cancer (HR=1.61, 0.92–2.32, p for trend=0.009) and colorectal cancer (HR=1.36, 1.01–1.83). In females, the association was most pronounced in cervical cancer (HR=5.77, 1.94–7.32), followed by lung cancer (HR=1.63, 1.02–2.60), endometrial cancer (HR=1.42, 0.98–2.05, p for trend=0.013) and breast cancer (HR=1.19, 1.02–1.59).

Conclusions GGT is a highly promising marker for risk stratification in cancer prevention.

Background Oxidative stress, metabolic syndrome, and chronic morbidity may be associated with an increased risk of cancer. The purpose of the study was to evaluate the relationship between Gamma-Glutamyltransferase (GGT), a biomarker for adverse stress, and cancer incidence.

Methods and Results A population-based cross-sectional study was carried out in Santa Catarina, Brazil to estimate the prevalence of chronic morbidity in a health interview survey and a population census. The mode of data collection appears to impact the estimates. Estimates and sociodemographic determinants of self-reported chronic morbidity should be interpreted cautiously.

Methods Objective To estimate the prevalence of aspirin use in primary and secondary prevention of cardiovascular disease.

Methods Population-based cross-sectional study was carried out in Pelotas, Southern Brazil, between Jan and May/2010, with people aged ≥20 years old. This study had two outcomes: aspirin use in primary prevention (people ≥40 years old, with at least two risk factors: Hypertension, Diabetes Mellitus and/or hyperlipidaemia) and aspirin use in secondary prevention (previous history of stroke and/or angina/myocardial infarction). The outcomes were analysed by...