EDITORIAL

Recent trends in cardiovascular epidemiology

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In recent years new areas of research in cardiovascular epidemiology have become prominent, also in EJE. In particular, the emphasis has increasingly been on genes implicated in cardiovascular diseases [1–5] and on imaging of the heart and circulation [6]. Often these studies are being conducted in large scientific collaborations [1, 7, 8]. As a major example of this may serve the consortia that currently work on genome wide association studies (GWAs) of cardiovascular risk factors and diseases. The large number of genes implicated in cardiovascular disease through, amongst others, the work of the CHARGE consortium, in which five population based studies collaborate, is clearly impressive [8–10].

The bulk, however, of studies in cardiovascular epidemiology is still on putative risk factors [11–16], with particular focus on nutrition [17–21], on socio-economic factors and health inequalities [22–27], and, more recently, on physical activity [28–37] and inflammatory factors [1, 38–40]. Methods of cardiovascular studies have also received attention [41–45].

The Commentary of Thelle [46] in this issue of EJE emphasizes another classic type of epidemiologic study, a type that is relatively unsung but important, both conceptually and in terms of numbers. I refer to the studies of frequency measures and trends therein of rates and risks of cardiovascular morbidity and mortality [47–56]. The purpose of this Editorial is to underscore that at EJE we welcome studies of basic occurrence measures of diseases and risk factors. Thelle's Commentary is a good reminder that much of the success of cardiovascular epidemiology started with heterodemic frequency comparisons in the Seven Countries Study [49], and similar homodemic ones in the Framingham Heart Study [9].

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