eraged 30 years, while the controls' average age was 29 years. The index pregnancy was the first pregnancy for 80% of the women with preeclampsia and for 70% of the controls, said Dr. Drost, a researcher in the cardiology department at the Isala Clinics in Zwolle, the Netherlands.

At a screening examination performed a mean of 9-11 years following the index pregnancy, the average blood pressure of the women who had preeclampsia was 127/86 mm Hg, compared with an average of 119/79 in the controls. The prevalence of hypertension was 44% in the women with a history of preeclampsia and 17% in the controls. Women in both groups had a similar average BMI, 29.9 and 26.2 kg/m^2, respectively, but the women with a history of preeclampsia had a higher average waist circumference, 87 cm, compared with 83 cm in the controls; and hip circumference, 104 cm, compared with 100 cm in the controls. The prevalence of proteinuria, defined as a spot urine protein level of more than 0.15 g/L, was 11% in the women with a history of preeclampsia and 6% in the controls, a significant difference.

Hypertension was seen in 44% of women with a history of preeclampsia and 17% of controls 9-11 years later.

DR. DROST

In a multivariate analysis that controlled for differences in age, years following pregnancy, and waist circumference, the women with a history of preeclampsia had a significant, 3.3-fold increased risk for hypertension at their follow-up screening examination, compared with the control women, Dr. Drost reported. The prevalence of diabetes and hypercholesterolemia was similar in the two groups at follow-up.

However, the prevalence of metabolic syndrome at follow-up reached 18% in the women who had preeclampsia and 9% in the control women. After adjustment, this represented a 60% increased risk for metabolic syndrome in the women with a history of preeclampsia that fell short of statistical significance.

Dr. Drost had no disclosures. ■

Mom's Smoking Ups Children's CVD Risk

FROM THE EUROPEAN HEART JOURNAL

Healthy prepubescent children with mothers who smoked during pregnancy have higher systolic blood pressures and lower HDL cholesterol levels than do children born to women who do not smoke while pregnant, Dr. Julian G. Ayer of the University of Sydney, and his colleagues, reported in a longitudinal study.

"Cholesterol levels tend to track from childhood to adulthood, and studies have shown that for every 0.025-mmol/L increase in HDL levels, there is an approximately 2%-3% reduction in the risk of coronary heart disease," Dr. David Celermajer, Scandrett Professor of Cardiology at the university, who led the study, said in a statement. "If we extrapolate this, we can suggest that the difference of 0.15 mmol/L between children of smoking mothers versus nonsmoking mothers might result in a 10%-15% higher risk for coronary disease in the children of smoking mothers."

Results showed that children born to mothers who smoked during pregnancy had lower HDL cholesterol (1.32 vs. 1.50 mmol/L), higher triglycerides (1.36 vs.1.20 mmol/L) and higher systolic blood pressure (102.1 vs. 99.9 mm Hg). When postnatal ETS exposure and other confounders such as breastfeeding duration, physical inactivity, and maternal exposure to passive smoking during pregnancy were factored into the study, the children still had lower HDL cholesterol (a difference of –0.22 mmol/L) but had no significant difference in systolic blood pressure. When excluding postnatal ETS exposure and including all other confounders, the difference was about –0.14 mmol/L (Eur. Heart J. 2011 June 21 [doi:10.1093/eurheartj/ehr174]).

Included in the study were 328 children from Sydney who were enrolled into the Childhood Asthma Prevention Study (CAPS) at birth and who underwent a lipoprotein study at age 8 years.

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–Nancy Pham