

01

Silent artery plaque can start decades before any symptom — even in your 20s.

动脉斑块可能在出现任何症状的几十年前就已开始——甚至在二十多岁时。

16,808 adults (18–70, no known heart disease) · plaque found in **57%** overall — and already in about **1 in 13** people aged 18–29 | 16,808名成年人 (18–70岁、无已知心脏病)；总体57%检出斑块——18–29岁人群中已有约1/13

Heart disease rarely announces itself. Researchers imaged the arteries of 16,808 adults with no known heart disease and found silent plaque in well over half — rising steeply with age, and already present in about 1 in 13 people in their late teens and twenties. Standard risk calculators missed most of it. The practical point: don't wait for chest pain to think about your heart — from your 30s and 40s, know your numbers (blood pressure, cholesterol, blood sugar) and act on the ones you can change, because the disease builds quietly for years.

心脏病很少会预先“打招呼”。研究者对16,808名没有已知心脏病的成年人做了血管影像，发现超过一半的人已有无症状斑块——随年龄迅速上升，甚至在青少年后期和二十多岁的人群中已有约1/13。常规风险计算工具漏掉了其中大多数。实用要点：别等到胸痛才想到心脏——从三四十岁起就了解自己的数字（血压、胆固醇、血糖），并改善其中可以改变的部分，因为这种病会悄悄积累很多年。

SOURCE | 来源: The New England Journal of Medicine · Peer-reviewed article · 29 August 2026 · n = 16,808 (Denmark & Spain) · Henning Bundgaard, Borja Ibañez and the REACT Investigators · "Prevalence of Silent Atherosclerosis across Adult Life" · Original study

02

After 70, a statin still cut heart attacks and strokes — but it didn't extend healthy, independent years.

70岁以后，他汀仍能减少心梗和中风——但并没有延长健康、独立生活的年头。

9,971 adults aged 70+ · randomized, ~6 years · major heart events **6.0% vs 8.3%** (about 30% fewer) — but death, dementia or disability were no different | 9,971名70岁以上成年人；随机对照、约6年；主要心血管事件6.0% vs 8.3%（约少30%）——但死亡、痴呆或失能没有差别

Statins are proven in midlife, but older adults were barely studied — until now. In a trial of 9,971 healthy people aged 70+, a daily statin (atorvastatin) cut major cardiovascular events by about 30% over six years, yet made no difference to the combined chance of staying alive, sharp and physically independent. The practical point: if you're over 70, don't assume it's "too late" for a statin — it can still prevent heart attacks and strokes — but don't expect an all-purpose longevity pill; talk with your doctor about your own heart risk and any side effects.

他汀在中年人群中疗效明确，但老年人几乎没被研究过——直到现在。在一项纳入9,971名70岁以上健康人群的试验中，每日一次的他汀（阿托伐他汀）在六年间把主要心血管事件减少了约30%，但对“活着、头脑清醒且身体独立”这一综合结局没有影响。实用要点：如果你已过70岁，别以为吃他汀“太迟了”——它仍能预防心梗和中风——但也别指望它是万能的长寿药；请与医生讨论你个人的心脏风险和可能的副作用。

SOURCE | 来源: The New England Journal of Medicine · Peer-reviewed randomized trial (STAREE) · 28 August 2026 · n = 9,971 (Australia, ~5.9 years) · Sophia Zoungas and the STAREE Investigators, Monash University · "Atorvastatin, Cardiovascular Events, and Disability-free Survival in Older Adults" · Original study

03

Weight-loss jabs work in trials — but about half of people stop within a year.

减重针在试验里有效——但现实中约一半人一年内就停用了。

157,822 first-time users · **49%** stopped within 12 months · about **1 in 4** who stopped restarted within 3 months | 157,822名首次使用者；49%在一年内停药；停药者中约1/4在3个月内重新开始

In a nationwide Danish study of 157,822 adults who started semaglutide (Wegovy) for weight loss, nearly half stopped within a year — with cost, side effects and younger age the biggest drivers, and much of the lost weight tends to return once people stop. The practical point: if you're considering a weight-loss jab, plan for the long haul before you begin — budget for the ongoing cost, expect early nausea, and agree a sustainable plan with your doctor, because the benefit only lasts as long as you can stay on it.

在丹麦一项覆盖157,822名开始使用司美格鲁肽（Wegovy）减重的成年人的全国性研究中，近一半人在一年内停药——费用、副作用和更年轻的年龄是主要原因，而一旦停药，减掉的体重往往会回来不少。实用要点：如果你在考虑减重针，开始前就要为长期做打算——把持续的费用算进预算、预期早期会恶心，并与医生商定一个可持续的方案，因为好处只在你能坚持用药期间才存在。

SOURCE | 来源: JAMA Network Open · Peer-reviewed cohort study · 29 August 2026 · n = 157,822 (Denmark) · Aurélie Mailhac, Reimar Thomsen and colleagues, Aarhus University · "Discontinuation of Semaglutide Therapy for Obesity Management" · Original study

04 · NEW IN TREATMENT · 治疗新进展

The weight-loss jab is now the first-ever drug for sleep apnea, too.

那款“减重针”，如今还成了首个能治睡眠呼吸暂停的药物。

469 adults with obesity and sleep apnea · tirzepatide cut night-time breathing interruptions by up to **~60%** — the first drug ever approved for the condition | 469名肥胖合并睡眠呼吸暂停的成年人；替尔泊肽（tirzepatide）使夜间呼吸中断最多减少约60%——这是首个获批治疗该病的药物

Obstructive sleep apnea — where the throat repeatedly collapses during sleep, starving the body of oxygen — affects roughly a billion people, and until now was treated mainly with a CPAP breathing machine that many can't tolerate. Tirzepatide (the weight-loss and diabetes drug, Zepbound/Mounjaro) became the first-ever drug approved for sleep apnea after it sharply reduced night-time breathing interruptions, largely by reducing weight. The same drug is also showing benefits in heart failure — one medicine, several wins. The practical point: if you have obesity and sleep apnea and struggle with a CPAP machine, ask your doctor whether tirzepatide could help — CPAP is still first-line, and this is a serious prescription drug, not a shortcut.

阻塞性睡眠呼吸暂停——睡眠中咽喉反复塌陷、让身体一次次缺氧——影响着全球约十亿人，而在此之前，主要靠许多人难以耐受的CPAP呼吸机来治疗。替尔泊肽（即减重和降糖药Zepbound/Mounjaro）在大幅减少夜间呼吸中断后，成为首个获批治疗睡眠呼吸暂停的药物，其作用主要通过减重实现。同一种药还在心力衰竭中显示出益处——一种药，多重获益。实用要点：如果你肥胖、合并睡眠呼吸暂停，又难以坚持使用CPAP，可以问问医生替尔泊肽是否适合你——不过CPAP仍是一线治疗，而它是一种需要处方的严肃药物，并非捷径。

SOURCE | 来源: The New England Journal of Medicine · Peer-reviewed phase 3 trial (SURMOUNT-OSA); U.S. Food and Drug Administration approval December 2024 · 2024 · n = 469 (obesity + moderate-to-severe sleep apnea) · Atul Malhotra and colleagues, University of California San Diego · "Tirzepatide for the Treatment of Obstructive Sleep Apnea and Obesity" · Original study

Forward if useful · 如果你想到某个人，把这一期转给他。