The 2011 LASSA (Lipid and Atherosclerosis Society of Southern Africa) Congress takes place in Bloemfontein in April in conjunction with SEMDSA (Society for Endocrinology, Diabetes and Metabolism of South Africa) meeting. Although South Africa only has a small number of dedicated lipid specialists, I am confident that delegates will enjoy and benefit from both the scientific and educational aspects of the congress.

Cardiovascular mortality rates are declining in Westernised countries, but the converse is true for developing countries where cardiovascular death rates are rapidly increasing. Infectious disease mortality is likely to decline as antiretroviral therapy is made available widely, while more and more South Africans enjoy the “good life” characterised by smoking, poor diet, obesity and lack of exercise.

Although smoking is a major modifiable cardiovascular risk factor, most physicians do not manage smoking actively. Generally, interventions include brief advice on smoking cessation and nicotine replacement therapy, but therapeutic nihilism remains all too common.

Dr K Fagerström, Helsingborg, Sweden, is an internationally recognised expert on nicotine dependence and smoking cessation. He will deliver a presentation on *The management of tobacco dependence*. Dr Fagerström will review the pathophysiological basis of nicotine dependence and why smokers find it so hard to quit before discussing the management of tobacco dependence.

Multiple studies have shown that both lifestyle and pharmacological interventions can reduce the rate of cardiovascular disease. Lifestyle interventions are usually recommended at population level. Pharmacological therapy is reserved for those at above-average risk due to the associated cost and potential for adverse effects. However, such a strategy requires the ability to identify people who are at above-average risk. Cardiovascular risk estimation algorithms have been available for several decades, but are imperfect. This has led to an ongoing quest to identify novel risk biomarkers, many of which have been researched in relatively small studies, resulting in considerable discussions about their clinical relevance. The debate around the utility of highly sensitive C-reactive protein (hsCRP) is a case in point.

Dr Emanuele Di Angelantonio, from the Emerging Risk Factors Collaboration (ERFC), Cambridge, United Kingdom, will deliver a presentation entitled *Using large-scale epidemiological evidence to help evaluate biomarkers in cardiovascular disease*. The ERFC has collected and combined data from a large number of epidemiological cohorts. The large numbers of patients studied increases statistical power and allows for definite conclusions to be drawn about the relevance and predictive power of biomarkers. The ERFC has recently published several important papers in leading medical journals, and this presentation should not be missed.

The LASSA scientific sessions will touch on a wide variety of topics, based on three main themes. Familial hypercholesterolaemia remains an important topic of research due to its high prevalence in South Africa, with founder effects in at least three ethnic groups. Dyslipidaemia in black African patients will be examined within the setting of diabetes and antiretroviral therapy. The importance of marine foods for Stone Age hunter-gatherers will be discussed, while the culinary theme will be concluded with a presentation that indicates that alcohol reduction does not reduce the antioxidant function of wine.

LASSA will once again offer a course in lipidology for delegates and local general practitioners. This was first presented at the 2009 LASSA meeting in Johannesburg, and proved to be very popular. It is an educational half-day course covering the basics of lipid metabolism, and addresses vital problems in lipid management, including risk prediction, lipid goals and targets, hypertriglyceridaemia, and new drugs and side-effects. The course concludes with case presentations and a question and answer session.

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