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important determinant of disease. Individuals with increased PWV have an increased risk of cardiovascular disease (CVD) and mortality. During the past 10 years, there has been an explosion of new non-invasive methods for direct measurement of PWV. There is controversy as to how established and emerging methods may be implemented in clinical practice. In a large meta-analysis of cardiovascular outcomes in 46,485 people with different cardiovascular disorders, the Australian Health and Medical Research Council recognised PWV by aortic and carotid measures as one of only three risk factors that was supported by sufficient evidence to be recommended for inclusion in clinical guidelines. There is a growing list of publications reporting the validation and use of carotid to femoral PWV, carotid to brachial PWV, and brachial to femoral PWV. Reports of their use in CVD clinics, clinical trials and clinical practice have also increased. A number of prospective and retrospective trials have reported a relationship between increased PWV and cardiovascular events. In addition, some trials have reported a difference in event rates when using pharmacological interventions in people with increased PWV. However, in a meta-analysis of 24 randomised controlled trials (RCTs), in a total of 18,814 people, McNamara and colleagues found that there was no significant difference in the rate of vascular events in people with increased PWV versus those with normal PWV when treated

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