

AAA Screen Warranted in Men With TIA or Stroke

BY PATRICE WENDLING
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CHICAGO — One of every nine men over age 59 years with a diagnosis of stroke or transient ischemic attack had an abdominal aortic aneurysm in a prospective study of 499 patients.

Among all patients admitted for stroke or TIA, the prevalence of abdominal aortic aneurysm (AAA) on ultrasound was 5.8%. This is comparable to that in other populations and was not significant.

AAA prevalence was 11.1% in a subgroup of 235 men aged 59 years and older (median 72 years), Dr. Niels H.A. Van Lindert and colleagues reported at the annual meeting of the Radiological Society of North America. The prevalence in the subgroup was significantly higher than the 4.0%-8.1% prevalence found in three recent population-based screening studies in men over 59 years of age.

The finding could lead to improved screening and earlier treatment of this high-risk group, said Dr. Van Lindert, of the Gelre Hospitals Apeldoorn (the Netherlands). Although the use of ultrasound is noninvasive, low-cost, accurate, and fast, most abdominal aneurysms are found by chance in men of older age and with a history of smoking.

"In our group, 55% of aneurysms were in nonsmokers, which meant that detection would not have occurred following task force rules," he said.

The United States Preventive Services Task Force (USPSTF) recommends a one-time ultrasonography screening of all men aged 65-75 years with a history of smoking. The USPSTF makes no recommendation for or against screening for AAA in men aged 65-75 years who have never smoked, and recommends against routine screening for AAA in women.

Dr. Van Lindert recommended that all men older than 59 years of age admitted with a stroke or TIA should be screened for an AAA. Further studies are needed to determine the cost-benefit aspects of screening in this patient population with a shorter life expectancy, he said.

Abdominal aortic diameter was measured by ultrasonography in 518 patients (median age 71 years, 61% men) visiting their neurology department with a primary diagnosis of stroke or TIA between January 2002 and January 2005. In all, 373 had had an ischemic stroke, 125 a TIA, and 20 a cerebral hemorrhage.

An aneurysm was defined as an abdominal aorta with a diameter of at least 3.0 cm. Maximum diameter was 3.0-3.9 cm in 18 patients, 4.0-4.9 cm in 6 patients, and 5.0 cm or more in 5 patients.

The investigators found no association between AAA prevalence and cerebrovascular accident subtype or smoking, both of which have been previously identified as risk factors for AAA.

The investigators reported no conflicts of interest. ■

Intake of Non-Soy Legumes Tied to Lower Cholesterol

BY BRUCE JANCIN
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NEW ORLEANS — A diet that includes regular consumption of non-soy legumes provides clinically meaningful lipid lowering in hypercholesterolemic individuals, a meta-analysis indicates.

The meta-analysis included 298 dyslipidemic adults not on lipid-lowering drugs who participated in 12 randomized controlled trials of at least 3 weeks' duration. The non-soy legume interventions resulted in a mean 10.8 mg/dL reduction in LDL cholesterol levels from a baseline of 172 mg/dL and a 13.5 mg/dL drop in total cholesterol from a mean 250 mg/dL at entry, Dr. Lydia A. Bazzano reported at the annual scientific sessions of the American Heart Association.

The cholesterol-lowering effects of soy beans, tofu, and other soy products have been well established in multiple large studies. The effects of non-soy legumes, however, are much less well studied. Since pinto beans, garbanzos, navy beans, lentils, and other non-soy legumes are consumed far more commonly than soy in Western countries, it was time to sift through the medical literature and identify the small but well-conducted randomized, controlled trials of non-soy legume dietary interventions in order to conduct a meta-analysis, explained Dr. Bazzano



The effects of legumes like pinto beans are less well studied than soy.

of Tulane University, New Orleans.

The quantities of non-soy legumes utilized in the studies ranged from roughly one-half cup of cooked beans or legume flours per day to every other day, she said.

Dr. Bazzano noted that the USDA food pyramid, now known as MyPyramid, suggests adults consume 3 cups of cooked beans per week. "We are very, very far behind that. Most people eat about a third of that," she said.

Potential mechanisms by which eating non-soy legumes reduces cholesterol levels include binding of their soluble fiber to bile resins, flushing the cholesterol precursors from the body. The fermentation pattern of the legumes' insoluble fiber in the colon may impede production of cholesterol. Also, beans and lentils provide a feeling of satiety with minimal fat content, the physician noted. ■

Genetic Factors, PPIs May Alter Effectiveness of Clopidogrel

THE Food and Drug Administration said that Sanofi-Aventis and Bristol-Myers Squibb Co. have agreed to conduct studies to better characterize the effectiveness of clopidogrel (Plavix) in patients with certain genetic factors. The two manufacturers also said they will lead clinical trials to assess what effects other therapies, such as proton pump inhibitors, might have on clopidogrel's efficacy.

Several recent studies have raised doubts about the antiplatelet agent's effectiveness in patients with certain genetic profiles. "The FDA is aware of published reports that clopidogrel is less effective in some patients than it is in others," the agency said.

According to the FDA's posting on its Web site, the two drug makers have agreed to complete the studies within a certain time frame. However, "it could take several months to complete the studies and analyze the results."

In the meantime, physicians should continue to prescribe clopidogrel, said the agency. Patients should not stop taking the drug

but should talk with their physicians if they are currently taking a PPI or considering starting on one, including the over-the-counter omeprazole (Prilosec).

The agency cited six published reports looking at the effects of PPIs or certain polymorphisms on clopidogrel. Most were published in 2008. Missing from the FDA's reference list were three studies published at the end of December and in early January.

One found that acute myocardial infarction patients with a CYP2C19 loss-of-function allele who took clopidogrel had a higher rate of cardiovascular events (N. Engl. J. Med. 2009;360:363-75). Another found that patients with acute coronary syndromes who had the same polymorphism had lower levels of the active clopidogrel metabolite and thus a higher rate of cardiovascular events (N. Eng. J. Med. 2009;360:354-62). A third study found that, in patients under age 45 years with the same polymorphism, clopidogrel was less effective (Lancet 2009;373:309-17).

—Alicia Ault

Eating Fruits and Vegetables Improves Endothelial Function

BY BRUCE JANCIN
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NEW ORLEANS — Every portion of fruits and vegetables eaten per day improves vascular endothelial function by an additional 6.2% in dose-dependent fashion.

This finding from a randomized, controlled study provides a mechanistic explanation for the previously reported lower rates of cardiovascular events in people who eat more fruits and vegetables in observational studies, Damian McCall, Ph.D., said at the annual scientific sessions of the American Heart Association.

The 118 participants in the randomized trial were overweight and mildly hypertensive (mean blood pressure, 143/83 mm Hg). After a month-long run-in period, during which they limited their fruit and vegetable consumption to one portion daily, they underwent a baseline evaluation of brachial artery vasodilation in response to acetylcholine infusion. Then they were randomized to 8 weeks of consumption of one, three, or six portions of fruits and vegetables per day.

"During this period, subjects received weekly home delivery of self-chosen fruits and vegetables and written instructions as to how portions are defined," said Dr. McCall of Queen's University of Belfast (Northern Ireland).

Food diaries indicated that compliance with the assigned regimens was good, which was objectively confirmed by periodic measurement of serum levels of lutein and other micronutrients associated with fruits and vegetables.

Dr. McCall noted that the new findings from the randomized, controlled intake study are consistent with the results of a meta-analysis of nine observational studies totalling more than 221,000 patients with more than 5,000 coronary heart disease events. The investigators concluded that the risk of coronary disease dropped by 4% for each additional daily portion of fruits and vegetables (J. Nutr. 2006;136:2588-93).

Similarly, British investigators conducted a meta-analysis of eight studies with more than 257,000 participants that showed a 26% reduction in stroke risk among those consuming more than five portions per day (Lancet 2006;367:320-6).

On the basis of such evidence, the American Heart Association has issued a scientific statement calling for the consumption of 8-10 portions of fruits and vegetables, including potatoes, per day (Hypertension 2006;47:296-308). British Hypertension Society guidelines call for the consumption of at least five portions per day (BMJ 2004;328:634-40). ■