

Nonfasting Triglycerides Shown More Revealing

BY MARY ANN MOON
Contributing Writer

Nonfasting triglyceride levels may be superior indicators of cardiovascular risk than fasting levels, researchers in two separate studies found.

In the first study, Dr. Sandeep Bansal and associates at Brigham and Women's Hospital, Boston, used data from the Women's Health Study to examine the predictive ability of fasting and nonfasting

blood testing for triglyceride levels.

The subjects were 20,118 healthy women aged 45 and older whose triglyceride levels were determined in blood samples drawn during fasting and 6,391 whose samples were drawn within 8 hours of a meal. Incident cardiovascular disease (CVD) events were tracked during a median of 11 years of follow-up. There were 276 nonfatal MIs, 265 ischemic strokes, 628 coronary revascularizations, and 163 cardiovascular deaths.

The robust association between non-

fasting triglyceride levels and CVD events remained strong after adjusting the data to account for total cholesterol levels, HDL cholesterol levels, the presence of diabetes, a high body mass index, and elevated C-reactive protein levels. Nonfasting triglyceride levels were strong risk predictors independent of baseline CVD risk factors, levels of other lipids, and markers of insulin resistance, Dr. Bansal and his associates said (JAMA 2007;298:309-16).

In the second study, Dr. Børge G.

Nordestgaard of Herlev (Denmark) University Hospital and associates compared the predictive ability of fasting and nonfasting triglyceride testing in 7,587 women and 6,394 men who participated in a cardiovascular study of the general Danish population from 1976 until the present.

High nonfasting triglyceride levels were found to be better independent predictors of the risk of MI, ischemic heart disease, and death than were fasting triglyceride levels, they said (JAMA 2007;298:299-308). ■

Radiotherapy May Induce Heart Defects

WASHINGTON — Newer radiation therapy methods for treating esophageal cancer may be inducing myocardial perfusion defects that can kill patients before the cancer does, Dr. Isis Gayed said at the annual meeting of the Society of Nuclear Medicine.

Although older radiation therapy (RT) techniques for esophageal cancer are known to induce heart disease and coronary artery disease, it is unknown whether 3-D conformal, intensity-modulated, or proton techniques spare the heart or also carry a risk of radiation-induced myocardial perfusion defects.

In a review of 13 esophageal cancer patients, Dr. Gayed and her colleagues found that cardiac complications developed in 5 patients after RT. Two of those five died as a result of myocardial perfusion abnormalities, not from cancer.

Data from previous studies have suggested that myocardial perfusion abnormalities that developed in esophageal cancer patients who underwent RT are inconsequential because the patient will die of cancer before dying or suffering from heart disease, said Dr. Gayed of the department of nuclear medicine at the University of Texas M.D. Anderson Cancer Center, Houston.

She and her associates previously published a review that found a significantly higher rate of defects in esophageal cancer patients who received RT, compared with those who did not (54% vs. 16%, respectively) (J. Nucl. Med. 2006;47:1756-62).

In the current study, all 13 patients had normal myocardial perfusion studies at baseline, except for 1 patient with a fixed septal defect and a left bundle branch block. The radiation techniques included 3-D conformal RT in six patients, intensity-modulated RT in six patients, and one with an unspecified RT type.

Three patients developed new inferior wall ischemia on myocardial perfusion imaging (MPI) after treatment with 3-D conformal RT.

Two of these three patients later died: one from bradycardia and an atrioventricular block and another from nonmalignant pericardial and pleural effusion. The other patient with inferior wall ischemia complained of chest pain upon returning to work.

—Jeff Evans

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ALT4465 03/2007