Risk Factors May Predict Course of Small AAAs

BY MARK S. LESNEY
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BALTIMORE — Patients who use lipid-lowering drugs showed a lower rate of growth of abdominal aortic aneurysms, compared with patients who did not use these drugs, said Dr. Felix J.V. Schlösser in a presentation at the Vascular Annual Meeting.

Patients with manifest arterial vascular disease or cardiovascular risk factors who were enrolled in the Second Manifestation of Arterial Disease (SMART) trial from between September 1996 and January 2005 all had measurements made of their abdominal aortic diameter, said Dr. Schlösser in an interview.

The subgroup of patients with AAA diameters measuring 30-55 mm were selected for this study, which was presented by Dr. Schlösser and his colleagues from the University Medical Center Utrecht (the Netherlands) in a session sponsored by the Peripheral Vascular Surgery Society.

The 230 patients averaged 66 years of age, and 90% were male. Mortality at 2 and 5 years was nearly 8% and slightly over 25%, respectively. A total of four AAA ruptures occurred, all of which were fatal and occurred in patients with AAA diameters larger than 50 mm. In 109 patients, AAA measurements were performed for longer than 6 months, with a median follow-up time of 3.3 years. The mean diameter of the AAA in these patients was 40.7 mm, with a median expansion rate of 2.8 mm/year. The only factor independently and significantly associated with AAA growth was the use of lipid-lowering drugs. Patients on lipid-lowering drugs had a plus or minus 30% millimeter per year–lower AAA growth rate, compared with patients who did not use these drugs. Confirmation by a randomized controlled trial is required, however. Lipid-lowering drugs could possibly become part of standard treatment regimens for AAA patients. ■

A-Fib, Moderate Drinking Link in Younger Patients

DENVER — Consuming as little as one alcoholic drink per day is associated with increased risk of atrial fibrillation and atrial flutter in people aged 60 years or younger, Dr. Gregory M. Marcus said at the annual meeting of the Heart Rhythm Society.

In contrast, regular alcohol intake—defined as one or more drinks per day—was not associated with significantly increased risk of atrial fibrillation (AF) or atrial flutter in individuals aged older than 60 years in his case-control study.

"I don't think that alcohol doesn't cause problems in the older group, but older populations have other prevalent risk factors. Age itself is a risk factor for AF, as is hypertension. It may be that the true association between alcohol and AF is lost or diluted in the older population, but can be more easily seen in the younger population," said Dr. Marcus, an electrophysiologist at the University of California, San Francisco.

Pending further study, patients with AF or atrial flutter should to try to avoid alcohol altogether, he said in an interview.

The study involved 195 consecutive patients with AF or atrial flutter, two-thirds of whom were aged 60 years or younger, and 186 controls, three-quarters of whom had supraventricular tachycardia, while the rest were healthy. One in five of the participants was a regular drinker. Four-fifths of them fell within the 1-2 drinks per day category generally classified as moderate drinking, which is often recommended as cardioprotective.

After adjustment for potential confounders including age, gender, race, coronary artery disease, hypertension, and heart failure in a multivariate regression analysis, individuals aged 60 or younger with AF or atrial flutter who drank alcohol daily were 4.5 times more likely to have AF or atrial flutter compared with arrhythmia-free controls, and 2.5 times more likely to have AF or flutter compared with patients with supraventricular tachycardia.

There was a linear association between the average amount of alcohol consumed per day and risk of AF or flutter, with an increased risk seen beginning at an average intake of 1-2 drinks daily. This relationship was statistically significant for atrial flutter and approached significance for AF.

—Bruce Jancin

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