Coronary Heart Disease in the Elderly

Results from the Cardiovascular Health Study1 underscore the need of well-designed intervention trials for the prevention of coronary heart disease in the elderly and raise the issue of which lipoproteins to target. Additionally, the study suggests that the National Cholesterol Education Program guidelines may not be applicable to the elderly.

Analysis of this population-based epidemiological study in the elderly indicates that the levels of triglycerides and high density lipoprotein cholesterol (HDL-C) but not low density lipoprotein cholesterol (LDL-C) are associated with coronary heart disease events. There have been no intervention studies demonstrating that lowering LDL-C in the elderly will decrease coronary end points. However, some evidence does exist that pharmacological modification of triglycerides in the secondary prevention of coronary heart disease in an elderly population can decrease coronary events and overall mortality over a 5-year period.2

Ideally, interventions in the elderly should provide a favorable benefit rapidly, otherwise, the benefit may not be seen during their remaining years. Hypertriglyceridemia induces a procoagulant state,3 and clotting factor abnormalities may be rapidly corrected with treatment of the hypertriglyceridemia.4 Thus, the treatment of hypertriglyceridemia may provide rapid benefit because of changes in clotting.

The implications of this study are numerous. The National Cholesterol Education Program guidelines that primarily target LDL-C for therapeutic decisions and treatment goals may not be applicable to the elderly. Perhaps more emphasis should be placed on triglycerides and HDL-C and less on LDL-C in the elderly. Levels of triglycerides and HDL-C are frequently amenable to lifestyle changes such as weight loss and exercise, and these changes may be preferable to drugs in this population. When drugs are used, those favorably affecting triglycerides and HDL-C levels should be first choice.

These comments are speculative, however, and most importantly, we need well-designed intervention trials in the elderly. Until then, the management of dyslipidemia in the elderly will remain controversial and should be done on an individual basis.

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Outcome of Patients With Depressed Left Ventricular Function

We appreciate Dr. David B. Pryor’s editorial comments on our report of the National Heart, Lung, and Blood Institute’s Percutaneous Transluminal Coronary Angioplasty (NHBLI PTCA) Registry on the outcome of patients with depressed left ventricular function. Dr. Pryor uses this as a format to discuss the various methods by which treatments can be evaluated. Certainly several methods of evaluation are available from “small case series to large multicenter registries to randomized trials.” The aim of any of these methods may be different; the aim of the NHLBI PTCA Registry was to define the practice of the procedure in experienced centers and to establish the safety and efficacy of the procedure. The intent was not to make definitive comparative statements about PTCA versus other treatments. The results of the large NHLBI PTCA Registry experience can then stand as a bench mark so that subsequent comparative studies can be planned and executed.

Dr. Pryor urges that “the development of large multicenter, carefully collected prospective clinical experiences in fields with developing technologies should be pursued with zeal.” That in-
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