

Calcification Predicts CHD, CVD Risks in Some Women

BY MARY ANN MOON
Contributing Writer

Women with a “low-risk” Framingham heart score who are found to have coronary artery calcification on chest CT have a sixfold greater risk of a coronary event and a fivefold greater risk of a cardiovascular event developing within 4 years than those with no calcification.

In the Multi-Ethnic Study of Atherosclerosis (MESA), 90% of women aged older than 45 years were classified as low risk based on the Framingham score, yet about one-third of them had coronary artery calcification on chest CT. Cardiovascular risks in these women were significantly higher than in women without such calcification.

The study is a prospective epidemiologic assessment of subclinical atherosclerosis measures in more than 6,800 men and women aged 45-84 years. They had no known cardiovascular disease at baseline in 2000, said Dr. Susan G. Lakoski of Wake Forest University, Winston-

Salem, N.C., and her associates.

They followed 2,684 of the female subjects whose Framingham scores classified them as low risk, meaning that their estimated risk of coronary heart disease (CHD) or cardiovascular disease (CVD) events was less than 10% over the next 10 years. Chest CT showed 870 (32%) of these women had occult coronary artery calcification, including 105 (4%) with advanced calcification. During 4 years of follow-up, 24 of these “low-risk” subjects had CHD events, and 34 had CVD events.

The absolute risk of a CHD event was 0.9%, and of a CVD event, 1.3%. But “there was a sixfold greater risk for a CHD event in women with prevalent [calcification] compared with women [who had] no detectable coronary calcium,” which remained significant after adjusting for factors such as age, and body mass index. Similarly, “there was a fivefold greater risk of a CVD event in women with prevalent [calcification].” This risk was also maintained in adjusted models (Arch. Intern. Med. 2007;167:2437-42). ■

Coronary Artery Bypass, Stents Tied to Same Cognitive Changes

BY KERRI WACHTER
Senior Writer

WASHINGTON — There doesn't appear to be any difference in long-term cognitive function following coronary artery bypass graft or stenting.

This finding comes from an assessment of cognitive function at 6 years in 152 patients whose coronary artery disease (CAD) was treated with coronary artery bypass graft (CABG) and 92 patients whose CAD was treated with stents. Dr. Guy McKhann, professor of neurology and neuroscience at Johns Hopkins University, Baltimore, and his colleagues found that cognitive declines noticed after surgery are related to the presence of vascular disease. “The real attention should be on modifying risk factors.”

In terms of cognitive change over 6 years, there was minimal decline, but essentially these two groups were the same, Dr. McKhann reported at the annual meeting of the American Neurological Association. The average Mini-Mental State Examination (MMSE) score was 27.4 for the CABG group and 27.9 for the stent group. The average Center for Epidemiologic Studies-Depres-

sion (CES-D) scale score was 9.5 for the CABG group and 9.0 for the stent group.

The issue of long-term cognitive decline following coronary artery surgery is an important one, given that there continues to be uncertainty over the best approach to treat coronary artery disease. “This issue of late decline has gotten into this debate” and is used as an argument for stenting rather than surgery, he said.

“We don't think there is any selective long-term decline after CABG that cannot be seen in other groups with significant coronary artery disease. We don't think late decline should be an issue in the choice of what procedure you're going to have done,” Dr. McKhann said.

The researchers have been studying the issue of neurologic outcomes following coronary surgery since 1992.

What they have found is that “If you have coronary artery disease ... you're going to be lower at baseline than the heart-healthy controls but not in all cognitive domains,” he said. “In our data we think we see a relative preservation of memory and language, and decreased psychomotor and motor speed and decreased executive function,” he said. ■



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This is a message from the *Childhood Influenza Immunization Coalition* members:

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- American College of Obstetricians and Gynecologists
- American Lung Association
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- Association of State and Territorial Health Officials
- Asthma and Allergy Foundation of America
- Canyon Ranch Institute
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- Families Fighting Flu, Inc.
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