Natural Supplements Can Help Lower Lipids

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LA JOLLA, CALIF. — Several natural supplements are useful for lowering blood lipids, Erminia M. Guarneri, M.D., said at a meeting on natural supplements in evidence-based practice sponsored by the Scripps Clinic. They include:

▶ **Soluble fiber.** Ingesting 2-10 g/day of soluble fiber has been found to lower total cholesterol levels by 15%-18% (Am. J. Clin. Nutr. 1999;69:30-42). Common sources include oats, psyllium, pectin, and guar gum. GI complaints from ingesting soluble fiber are frequent.

▶ **Phytosterols.** Produced by plants, these substances impair intestinal absorption of cholesterol. Studies have found that 2-3 g/day of phytosterols can reduce LDL-cholesterol levels by 10%-15%. In one study of 167 patients on stable statin therapy, the 83 patients who received three servings per day of a plant stanol-ester spread showed reduction in LDL cholesterol of more than 16% at 8 weeks, compared with a nearly 7% reduction in the 84 patients who received a placebo spread. The stanol spread provided the equivalent of 2-3 g/day of phytosterols (Am. J. Cardiol. 2000;86:46-52).

In an unpublished study of 14 Scripps patients who were "maxed out on nutrition and cholesterol-lowering medicines," adding 2 g/day of phytosterols led to a 14% reduction in total cholesterol, a 16% reduction in LDL cholesterol, an 11% reduction in triglycerides, and a 2% increase in HDL cholesterol.

Phytosterols are found in certain margarines that can be purchased at the grocery store, but "I'd avoiding doing that, especially when I look at some of these [food] labels, and I see partially hydrogenated oils," said Dr. Guarneri, founder and medical director of the Scripps Center for Integrative Medicine. She recommends getting phytosterols from two products: CholestePure (Emerson Ecologics) and UltraMeal Plus (Metagenics).

▶ **B vitamins.** Deficiencies of vitamin B_6, vitamin B_{12}, and folic acid have been linked

Poor Kidney Function Augurs Anemia in HF

NEW ORLEANS — Poor kidney function is the strongest indicator for anemia in patients with heart failure, according to the results of a large study in HMO patients.

A reduced glomerular filtration rate emerged as the strongest risk factor for developing anemia in 41,754 heart failure (HF) patients free of anemia at baseline, Alan S. Go, M.D., reported at the annual scientific sessions of the American Heart Association.

Anemia was a common occurrence in this HMO population with HF, with an incidence of 9% per year, according to Dr. Go of Kaiser Permanente of Northern California, Oakland. The study featured nearly 83,000 person-years of follow-up.

Chronic renal impairment is extremely common among HF patients. Roughly 40% of patients had a baseline glomerular filtration rate of less than 60 mL/min per 1.73 m^2. The risk of developing anemia during follow-up was proportionate to their degree of baseline renal impairment.

Heart failure patients with an estimated GFR of 45-59 mL/min per 1.73 m^2 were 34% more likely to become anemic than were those with a GFR of 60 or more. Those with a GFR of 30-44 had a more than twofold increased incidence of anemia, while patients with a GFR of 15-29 were at more than fourfold increased risk.

Among those patients with a baseline GFR less than 15 mL/min per 1.73 m^2 who weren't on dialysis, the incidence of anemia during follow-up was more than eight times greater than in patients with a GFR of at least 60. In those on dialysis, the rate increased nearly fivefold.

Other independent predictors of the development of anemia in a multivariate analysis included cirrhosis, with an adjusted 2.3-fold relative risk, compared with noncirrhotic patients, and HIV infection, which conferred an 80% increase in risk. African descent and age greater than 70 years were each associated with a 40% increased risk of becoming anemic, he said.

—Bruce Jancin