# Nonfasting Lipid Level Measures Deemed OK

BY NEIL OSTERWEIL

BOSTON — Nonfasting lipid status may be a better marker for impaired lipid metabolism than fasting lipids, according to a prospective study.

The findings suggest that patients need not deny themselves a good breakfast or lunch before having their blood drawn for plasma lipid testing.

Dr. István Reiber and Dr. Izabella Mezõ from the Szent György Hospital in Székesfehérvár, Hungary, compared fasting and postprandial lipid levels among 102 nondiabetic patients (44 men), and found that the only significant differences in any lipid parameters were between fasting and nonfasting triglycerides.

It is well known that there are no significant changes in total cholesterol and HDL cholesterol levels between the fasting and postprandial state.

In addition, recent study findings suggest that nonfasting triglyceride concentrations in plasma are more predictive of cardiovascular events than are conventional measures of fasting triglycerides, the investigators wrote in a scientific poster presented at a symposium sponsored by the International Atherosclerosis Society.

The study participants had never received lipid-lowering drugs. They underwent separate venous blood draws following an overnight fast, 3 hours after eating their usual breakfasts, and 3 hours after their usual lunches.

Overall, the total cholesterol in the fasting state was 5.51 mmol/L, compared with 5.48 mmol/L after breakfast, and 5.69 mmol/L after lunch, a difference that was not significant.

HDL levels also were comparable between the fasting and postprandial states, at 1.12 mmol/L, 1.14 mmol/L (breakfast), and 1.20 mmol/L (lunch), respectively. Triglyceride levels, however, were significantly higher after eating, rising from 2.21 mmol/L in the fasting state, to 2.31 mmol/L after breakfast, and 2.94 mmol/L after lunch.

The researchers also found that both postprandial triglyceride measures correlated significantly with fasting triglycerides. All volunteers who had fasting triglyceride levels below 1.5 mmol/L had postprandial triglyceride levels below 2.0 mmol/L.

Neither of the investigators disclosed relevant conflicts of interest. ■

# Look for PAD in Rheumatoid Arthritis Patients

COPENHAGEN — Patients with rheumatoid arthritis have a substantially higher prevalence of peripheral artery disease than do similar people without rheumatoid arthritis, based on a case-control study with 101 subjects.

PAD "should not be overlooked in rheumatoid arthritis patients," Dr. Suzan Abou-Raya said at the annual meeting of the European Congress of Rheumatology. RA patients "should be regularly screened [for PAD] to help reduce their incidence of cardiovascular morbidity and mortality," said Dr. Abou-Raya of the University of Alexandria (Egypt).

The study enrolled 64 consecutive RA patients (38 women), with an average age of 55 years and an average RA duration of 12 years. The patients had no history of cardiovascular disease. Dr. Abou-Raya and her associates also enrolled 37 healthy controls.

The researchers assessed PAD by the ankle brachial index (ABI). An ABI ratio of 0.9 or less in an artery meant it was obstructed; a ratio of 1.0 to less than 1.3 was normal, and a ratio of 1.3 or greater meant an incompressible artery. Obstructed or incompressible ABIs existed in 19 RA patients (30%) and 2 controls (5%), a statistically significant difference.

In a total of 256 arteries examined in the 64 RA patients, 10 (4%) were obstructed and 20 (8%) were incompressible. Of the 148 arteries examined in the 37 controls, 2 were obstructed (1%) and 1 incompressible (1%).

Dr. Abou-Raya said that she and her associates had no financial disclosures.

**—Mitchel L. Zoler**