Harvard Medical School Department of Continuing Education and the Cardiovascular Division of the Department of Medicine, Brigham and Women's Hospital

Cardiology Rounds
February 2004

Prediction of Coronary Heart Disease Events.
Part 2: The Contribution of Lifestyle Factors and New Issues.

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Objectives:

In this second component of *Cardiology Rounds,* Dr. Wilson discusses newer potential risk factors and how to ascertain whether they offer incremental predictive value. The reader should obtain a better understanding of the multi-factorial aspects of individual risk factor assessment and be cognizant of new candidates.

TEST:

1. Although observational studies indicate that greater intake of vitamins B, C, and E have been associated with lower cardiovascular risks, randomized controlled clinical trials have yet to demonstrate that dietary supplementation of these vitamins reduces cardiovascular risk.

   True ❑ False ❑

2. Moderate alcohol intake (less than two drinks per day in men and less than one drink per day in women) reduces cardiovascular risk by lowering triglycerides and LDL cholesterol.

   True ❑ False ❑

3. Physical fitness, whether assessed by the degree of leisure-time physical activity or longer exercise treadmill times, is associated with reduced risk for experiencing cardiovascular disease in men <u>but not women</u>.

   True ❑ False ❑

4. The prevalence of obesity in the United States defined as a body mass index (BMI) ≥30 kg/meter^2 has more than doubled in the past 30 years.

   True ❑ False ❑

5. Measurements of inflammatory markers, specifically high sensitivity C-reactive protein (hsCRP) provides incremental adjunctive information for cardiovascular risk factor assessment.

   True ❑ False ❑

6. The most important issues for consideration of newer risk factors is
   a. accuracy
   b. cost
   c. variability
   d. incremental utility of the test

7. Discrimination has the following characteristics.
   a. Ability to validate the predictive capability of a diagnostic approach in one study and apply it to another study
   b. Ability to identify persons who will develop disease and those who will not, derived from the sensitivity and specificity
   c. The likelihood of developing disease when the prevalence is 20%
   d. A ratio derived from the standard deviation and mean for a test

8. The key risk for a patient to know is:
   a. relative risk
   b. excess risk compared to others in the population
   c. absolute risk
   d. population attributable risk

9. Arterial calcification in African Americans for CHD prediction may have special limitations because
   a. left ventricular hypertrophy is much more common
   b. familial hypercholesterolemia is more prevalent
   c. dyslipidemia is more frequent
   d. calcification is less prevalent in African Americans

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