

Ability to cope with stress can increase 'good' cholesterol in older white men

August 19 2007

Older white men who are better able to cope with stress experience higher levels of so-called “good cholesterol” than men who are more hostile or socially isolated, according to a study released at the 115th Annual Convention of the American Psychological Association.

But that same coping ability had no effect on the subjects’ “bad cholesterol” levels, the research found.

Researchers gathered data from 716 men who participated in the Normative Aging Study to look at the complex interrelations among hostility, stress and coping processes and cholesterol levels. The average age in the sample was 65. Most of the men were white and were evenly split between white-collar and blue-collar occupations.

The subjects were given a questionnaire that asked them to rate how often they used 26 coping strategies. Individuals high in hostility were more likely to perceive problems as stressful and react with negative behavior, self-blame and social isolation. Men who were better able to cope could make a plan of

action and pursue it, for example. Following an overnight fast, the subjects’ blood was tested for high-density lipoproteins (good cholesterol), low-density lipoproteins (bad cholesterol) and triglycerides.

The authors had theorized that hostility would have an effect on all three lipoproteins, but what they found was a direct effect on HDL and

triglycerides, but not on LDL. “It is interesting that the coping variables were most strongly associated with this protective factor,” they wrote. “The results of our study suggest that coping processes also might influence lipid fractions differently and may play a protective role through their influence on HDL.”

Lorien A. Yancura, PhD, the lead researcher, from the University of Hawai’i at Manoa, said she and her colleagues were surprised that there were no associations between coping and the LDL levels. “One possible reason might be that measures of hostility, coping and lipids were taken at one point in time,” she said. “In other words, we asked people about their coping strategies in response to a problem in the past month and looked at a blood sample taken at the time we asked them. It is possible that changes in LDL might have been apparent in a lab setting or if we had looked at longitudinal relationships among hostility, coping and lipids.”

Another caveat they noted was that the sample was limited and it is likely that there are age, gender or ethnic differences in the relationship between coping mechanisms and lipoproteins.

Source: American Psychological Association

Citation: Ability to cope with stress can increase 'good' cholesterol in older white men (2007, August 19) retrieved 23 April 2024 from <https://medicalxpress.com/news/2007-08-ability-cope-stress-good-cholesterol.html>

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