

Heart experts share some surprising findings

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A shot that could lower cholesterol, a connection between blood type and stroke, and how income affects heart health were among more than 4,000 papers presented this week at the American Heart Association's 84th annual scientific meeting in Orlando.

The five days of meetings, which concluded Wednesday, drew more than 19,000 attendees from around the world to what is one of the largest annual medical conferences in the country. All converged to share the latest research in the treatment and prevention of America's first and third leading causes of death: [heart disease](#) and stroke.

Here are some findings relevant to Americans combating these diseases:

-A shot for [high cholesterol](#): Patients struggling with high [cholesterol](#) may soon get just the shot in the arm they need. In the first human test of a new [injectable drug](#) designed to target LDL, or "bad" cholesterol, scientists at Amgen laboratories in California found it lowered cholesterol in healthy individuals by almost two-thirds.

Researchers injected a laboratory-made [human protein](#) (AMG 145) or a placebo into 56 healthy subjects ages 18 to 45.

"Those receiving the higher doses saw a 64percent reduction in their cholesterol compared to those who received a placebo injection," said Clapton Dias, medical-sciences director of pharmacology for Amgen, who presented the findings. The medication had no effect on [triglycerides](#) or HDL, also called "good" cholesterol.

AMG 145 works by disabling the agent that inhibits the liver's ability to remove [bad cholesterol](#) from the blood.

Although statin medications help many patients lower their cholesterol, about 25 percent can't achieve their cholesterol goals on statins, and many can't tolerate them, Dias said. "So we're looking for another agent."

Five clinical trials are under way to further test the efficacy of AMG 145.

-Shots dampen sex lives: The ill-timed shocks that patients who have cardiac defibrillators implanted in their chests sometimes receive while having sex can put a damper on their sex lives, according to another study presented.

A common treatment for those born with a [heart](#) defect as well as those with acquired heart disease, implantable cardioverter defibrillators deliver an electric shock to the heart when the device senses an abnormal heartbeat. The jolt is meant to restore normal rhythm.

"If you've been shocked during sex, you're terrified to try it again," said Dr. Stephen Cook, director of Adult Congenital Heart Disease at the University of Pittsburgh Medical Center. Cook presented and led the study, which looked at the incidence of sexual dysfunction in ICD patients.

Cook and his colleagues studied 151 men and women who had congenital heart disease; 41 had ICDs. Their average age was 37.

On a five-point scale, with one being not concerned and five being very worried, ICD patients rated 4.6 when asked whether they felt anxiety about getting a shock during sex.

"The higher their shock-anxiety score, the lower their sexual-function score," Cook said.

"Patients can have the device adjusted so it recognizes heart rhythms during sex as normal," Cook said. He hopes the report will encourage more physicians to discuss the issue with their patients. "These patients can still actively participate in sex - no research says they can't."

-Blood type linked to stroke: Your [blood type](#) may put you at higher risk of stroke, according to a large study from Harvard School of Public Health.

The study used subjects with type-O blood as its reference point because they have the lowest risk of stroke. By comparison, researchers found that an AB blood type was associated with a 30 percent greater risk of ischemic stroke, said Lu Qi of Harvard, who presented the findings. Nine out of 10 strokes are ischemic.

In women, having type-B blood was associated with a 17 percent greater risk of all types of stroke, he said.

The study followed 90,000 men and women for more than 25 years: 43 percent had type-O blood, 36 percent had type A, 13 percent had B and 8 percent had AB. That breakdown closely matches the U.S. population, Qi said.

Researchers hope the findings will encourage those with a higher-risk blood type to be more careful to control their other stroke-risk factors.

-Money matters more: How much money you make may matter more than your education level in determining your risk of having a heart problem.

Researchers reviewed records from the early 1990s of 5,153 Medicare-eligible adults who did not have heart failure. They separated participants into groups based on education and income levels. They defined low education as less than college level and low income as less than \$25,000 a year.

After 13 years, they found that the group that fared best was in the low-education and high-income group: 17 percent of those developed heart failure. Close behind, at 18 percent, were those with high education and high incomes.

When income dropped, results worsened. Those with low education and low income had a 29 percent greater risk for heart failure, said Dr. Ali Ahmed, a professor of medicine at the University of Alabama at Birmingham, who presented the findings.

-Loners at greater risk: Living alone may put you at greater risk of dying, especially if you're younger than 65, according to a large international study presented Wednesday.

Dr. Jacob Udell, cardiologist at Brigham & Women's Hospital in Boston, presented the findings, which looked at data from nearly 45,000 participants. The average age was 67; one in five lived alone.

At the end of four years, 11.4 percent of the subjects living alone had died, compared with 9.3 percent of those living with others. The researchers adjusted for such factors as smoking, gender, age, diabetes, cardiovascular disease, obesity, medications and employment, and determined that living alone was associated with a 21 percent greater chance of dying of all causes, Udell said.

He and his colleagues speculate that the increased risks may be because those who live alone have more unwitnessed events and might not get the

attention they need as quickly.

But the study had a paradoxical twist. Among those older than 80, living alone was associated with a lower risk of dying.

"As age goes up, risk goes down," Udell said. Those older than 80 and living alone had a 14 percent lower risk of dying.

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