

Link between vascular disease and disc height loss examined

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The association between vascular disease, as measured by abdominal aortic calcifications, and disc height loss is independent of cardiovascular disease and is largely explained by patient age, gender, and body mass index, according to a study published in the April issue of *The Spine Journal*.

(HealthDay) -- The association between vascular disease, as measured by abdominal aortic calcifications (AACs), and disc height loss is independent of cardiovascular disease and is largely explained by patient age, gender, and body mass index (BMI), according to a study published in the April issue of *The Spine Journal*.

Pradeep Suri, M.D., of the Veterans Affairs Boston Healthcare System, and colleagues conducted a cross-sectional, community-based study utilizing a sample of 435 participants from the [Framingham Heart Study](#). Quantitative AAC scores, measured using computed tomography scans, were grouped as tertiles of no (reference), low, and high calcification, and the association with disc height loss was assessed.

In crude analyses, the researchers found that, compared with no calcification, low AAC and high AAC were significantly associated with disc height loss (odds ratio [OR], 2.05 and 2.24, respectively). The relationship between AAC and disc height loss was not attenuated by hypertension, smoking, diabetes, or hypercholesterolemia. However, after adjustment for patient age, sex, and BMI, there was an attenuation in the associations between low AAC (OR, 1.20; P = 0.51) and high AAC (OR, 0.74; P = 0.42) and disc height loss.

"AAC was associated with disc height loss in this community-based population," the authors write. "This relationship was independent of [cardiovascular risk factors](#). However, the association of AAC with disc height loss was explained by the effects of age, sex, and BMI."

Several authors disclosed [financial ties](#) to the pharmaceutical and medical device industries.

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