

EMORY Health Sciences News

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American College of Cardiology Scientific Sessions:
**Emory Researchers Find Many Patients Can Reduce
Serious Heart Disease Risk Factors Without Medication**

*Media Contacts: Sherry Baker, 404/377-1398, emoryheartnews@aol.com
Kathi Baker, 404/727-9371, kobaker@emory.edu
Janet Christenbury, 404/727-8599, jmchris@emory.edu*

NEW ORLEANS – High blood pressure, high cholesterol levels (hyperlipidemia), and elevated blood sugar (hyperglycemia) are serious risk factors for cardiovascular disease -- and physicians frequently prescribe a host of medications to treat these problems and reduce these risks. But research presented here today at the American College of Cardiology's 53rd Scientific Sessions concludes that many patients with classic cardiovascular disease risk factors can achieve risk reduction goals without medications within only three months of initiating therapeutic lifestyle changes (TLC).

"National clinical guidelines recommend TLC as a standard of care in the management of cardiovascular disease risk factors. But the value of TLC in actual contemporary medical practice is often discounted by clinicians and health insurers who instead frequently turn to widely available pharmacotherapeutic agents. This study was designed to evaluate the precise role of TLC in helping patients achieve goal risk factor levels – and our conclusions refute the notion that intensive lifestyle intervention is not worth the effort," says Neil F. Gordon MD, PHD, MPH, who presented the research. Dr. Gordon is Chairman, Chief Executive Officer, and President of INTERVENT USA. He is also the Medical Director of the Center for Heart Disease Prevention at St. Joseph's/Candler Health System in Savannah and Clinical Professor of Medicine in the Emory University School of Medicine in Atlanta.

In this prospective multi-center study of 2,390 patients, the researchers

evaluated the clinical effectiveness of 12 weeks of TLC in helping individuals with hypertension, hyperlipidemia, and/or impaired fasting glucose or diabetes mellitus achieve goal risk factor levels without the use of drug therapy. TLC included exercise training, nutrition counseling and other appropriate lifestyle interventions based on several well established behavior change models.

The results showed that 64% of patients achieved their systolic blood pressure goal (less than 130 mmHg for patients with diabetes and/or chronic renal disease and less than 140 mmHg for others) and 67% of patients achieved their diastolic blood pressure goal (less than 80 mmHg for patients with diabetes and/or chronic renal disease and less than 90 mmHg for others). LDL cholesterol also decreased and 23% of patients achieved their goal. Fasting glucose decreased with 39% of patients achieving the goal of blood sugar levels under 110 mg/dl; 37% patients who had baseline blood sugar levels compatible with diabetes (more than 126 mg/dl) achieved their goal (under 126 mg/dl).

“More study is needed to see if this approach will be as successful with patients who have more marked elevations in cardiovascular risk factors than those of the participants in this study. However, the findings of this study clearly have important implications for helping physicians and patients translate national clinical guidelines on risk factor management into medical practice and personal behavior change,” says Emory Heart Center cardiologist Laurence S. Sperling, MD, co-author of the study.

“With the current concern over rising health care costs, it is also important to note that TLC can generally be implemented less expensively than most medications and, unlike single drug therapy, favorably impacts multiple cardiovascular disease risk factors. We believe the data from this study could have important policy implications for healthcare payers, including the federal government, who often do not provide reimbursement for TLC but either currently provide or intend providing more costly prescription drug coverage,” notes Dr. Sperling, Director of Preventive Cardiology at Emory.

In addition to Dr. Gordon and Dr. Sperling, the research participants included Dr. William L. Haskell of Stanford University in Palo Alto, California; Dr.

Barry A. Franklin of William Beaumont Hospital in Royal Oak, Michigan; and Dr. Richard D. Salmon, William E. Saxon, Kevin S. Reid, George C. Faircloth, Ivan Levinrad, Dr. Brenda S. Mitchell and Dr. Richard F. Leighton of St. Joseph's/Candler Health System, in Savannah and the INTERVENT Coordinating Center in Savannah.

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Emory Heart Center is comprised of all cardiac services and research at Emory University Hospital, Emory Crawford Long Hospital Carlyle Fraser Heart Center, the Andreas Gruentzig Cardiovascular Center of Emory University and the Emory Clinic. Ranked among the nation's top ten heart centers by U.S. News & World Report's annual survey, the Emory Heart Center has a rich history of excellence in all areas of cardiology and cardiac surgery --including education, research and patient care. It is internationally recognized as one of the birthplaces of modern interventional cardiology and was the site of the first coronary stent implantation in the United States, the only single site randomized comparison of angioplasty and bypass surgery and pioneering work in vascular brachytherapy.