Adipose tissue content of alpha-linolenic acid and the risk of ischemic stroke - A danish case-cohort study


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ing taken by 25.7% of patients with an indication; 47.3% of patients with MI or coronary revascularization were taking a statin compared with 40.4%, 33.8% and 18.9% with diabetes, LDL-C ≥190 mg/dL and 10-year CVD risk ≥7.5%, respectively (Table 1). In multivariable analysis and compared with patients with history of MI or coronary revascularization, those with diabetes, LDL-C ≥190 mg/dL, and 10-year CVD risk ≥7.5% were less likely to be taking a statin (prevalence ratio [95% confidence interval] 0.68 [0.58–0.79], 0.71 [0.50–1.01], and 0.39 [0.34–0.46], respectively). Among patients who had ever taken a statin, 27.7% had discontinued treatment before 2013; 23.6% with history of MI or coronary revascularization, 27.7% with diabetes, 30.9% with LDL-C ≥190 mg/dL and 27.9% of those with 10-year CVD risk ≥7.5%.

Conclusions: A majority of HIV-infected patients with an indication for a statin were not treated with this medication, partially resulting from a high rate of treatment discontinuation.

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Eligibility for PCSK9 inhibitors according to ESC/EAS and ACC recommendations after acute coronary syndromes

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Introduction: The plant-derived omega-3 fatty acid alpha-linolenic acid (ALA) has been associated with potential anti-atherosclerotic properties and has been suggested as a major explanation behind the beneficial effect of the Mediterranean diet in the prevention of coronary heart disease. However, limited evidence exists whether ALA is associated with a lower risk of ischemic stroke.

Purpose: The objective was to investigate the association between adipose tissue content of ALA as an objective long-term biomarker of intake of ALA and the risk of ischemic stroke.

Methods: A total of 57,053 participants aged 50–64 years of age were enrolled between 1993–97 into the Danish Diet, Cancer and Health Cohort. Potential cases were identified through the nationwide Danish National Patient Register and subsequently validated. Baseline adipose tissue content of ALA was determined with the use of gas chromatography in all incident cases and in a random sex-stratified sample of the total cohort (n=3500). Statistical analyses were performed using sex-stratified weighted Cox proportional hazard regression adjusted for established ischemic stroke risk factors. ALA was included as a continuous and a categorical variable, respectively.

Results: During a median of 13.5 years of follow up, we identified 1894 cases of ischemic stroke. After appropriate exclusions, we included 1735 cases for analysis. Multivariate analyses that were conducted using restricted cubic splines and adjustment for established ischemic stroke risk factors showed a U-shaped association between adipose tissue content of ALA and the risk of ischemic stroke, but this association was not statistically significant (Figure). In analyses of adipose tissue content of ALA expressed in quintiles, the hazard ratios in the second (0.95; 95% CI: 0.78, 1.16), third (0.86; 95% CI: 0.70, 1.08), fourth (0.93 95% CI: 0.76, 1.14) and fifth quintile (1.01 95% CI: 0.82, 1.23) also revealed a U-shaped association, but the hazard ratios were not statistically significant.

Conclusion: We observed a U-shaped association between adipose tissue content of ALA and the risk of ischemic stroke, but the association was not statistically significant.

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Adipose tissue content of alpha-linolenic acid and the risk of ischemic stroke - A Danish case-cohort study

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Conclusions: Among these patients, ≤6% were less likely to be taking a statin (prevalence ratio 0.31, 95% confidence interval 0.16–0.60 for ESC/EAS criteria). Among those who had ever taken a statin, 27.7% had discontinued treatment before 2013; 23.6% with history of MI or coronary revascularization, 27.7% with diabetes, 30.9% with LDL-C ≥190 mg/dL and 27.9% of those with 10-year CVD risk ≥7.5%.

Statin use by CVD risk group

<table>
<thead>
<tr>
<th>CVD risk group</th>
<th>Percentage of population</th>
<th>Percentage taking statins</th>
<th>PR for statin use</th>
<th>(95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MI or coronary revascularization</td>
<td>2.4%</td>
<td>47.3%</td>
<td>1.0 (ref)</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>6.1%</td>
<td>40.4%</td>
<td>0.68 (0.58–0.79)</td>
<td></td>
</tr>
<tr>
<td>LDL-C ≥190 mg/dL</td>
<td>0.8%</td>
<td>33.8%</td>
<td>0.71 (0.50–1.01)</td>
<td></td>
</tr>
<tr>
<td>CVD risk ≥7.5%</td>
<td>21.9%</td>
<td>18.9%</td>
<td>0.39 (0.34–0.44)</td>
<td></td>
</tr>
</tbody>
</table>

Prs adjusted for age, sex, race, body mass index, glomerular filtration rate, protease inhibitors or clofibastat, CDA, plasma HIV-1 RNA, other lipid lowering therapy, and site.

<table>
<thead>
<tr>
<th>10-year CVD risk</th>
<th>Percentage of population</th>
<th>Percentage taking statins</th>
<th>PR for statin use</th>
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P171 | BEDSIDE
Low density lipoprotein cholesterol levels at first follow-up after acute myocardial infarction predicts recurrent atherosclerotic cardiovascular disease events poorly

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Background: Low density lipoprotein cholesterol (LDL-C) lowering with high dose statin therapy is a cornerstone in secondary prevention post-myocardial infarction (MI) with a treatment goal of <1.8 mmol/L. LDL-C is an established risk factor for atherosclerotic cardiovascular disease (ASCVD) in the general population, but the significance of LDL-C for ASCVD risk in post-MI patients remains unclear and the current LDL-C goal for treatment is based on circumstantial evidence.

Conclusion: We observed a U-shaped association between adipose tissue content of ALA and the risk of ischemic stroke, but the association was not statistically significant.