



September 6th, 2007

Cardiovascular News Update

Dear Colleague,

Westside Medical Associates of Los Angeles (WMALA) in conjunction with Westside Medical Imaging (WMI) would like to provide you with this weekly update on important new developments in cardiovascular care.

Device may help prevent heart problems in those with sleep apnea, study suggests.

"A device that treats...obstructive sleep apnea may help prevent heart attacks, strokes, and other cardiovascular problems," according to a study that appears in an advance online edition of the *American Journal of Respiratory and Critical Care Medicine*. For the study, Nikolaus Buchner, MD, of Germany's Ruhr University Bochum, and colleagues "offered CPAP (continuous positive airway pressure) machines to 449 adults with mild, moderate, or severe obstructive sleep apnea." Eighty-five of these patients did not accept the devices. The device "helps people with obstructive sleep apnea breathe more easily during sleep." WebMD notes that the researchers "already knew that CPAP may reduce heart risks in people with severe obstructive sleep apnea," but they "wanted to see if that's also true for people with" a less severe form of the condition. The patients "were typically followed for about six years" and received "regular checkups." According to the researchers, "Those who accepted CPAP were 64 percent less likely to have certain fatal or nonfatal cardiovascular problems...during the study period, regardless of their age, BMI, type 2 diabetes, cholesterol, and history of heart disease." It is important during your history taking, that you inquire as to whether your patient may be suffering from sleep apnea and if so, be tested for it,

Researchers suggest cox-2 inhibitors increase production of protein linked to clotting.

Researchers believe they've zeroed in on what caused Vioxx (rofecoxib) to boost users' heart risks." A University of Connecticut-led team of researchers "have found that when cox-2 inhibitors like Vioxx block the cox-2 enzyme, it does reduce pain." However, "it also increases the production of a protein called tissue factor (TF), which can help initiate unwanted clotting." Therefore, "since heart attacks and strokes are triggered by blood clots, it is possible that the overproduction of TF is, in part, responsible for cox-2 inhibitors' dangerous side effects." Lead researcher Mallika Ghosh, a post doctorate fellow at the university's Center for Vascular Biology in the department of cell biology at the University of Connecticut Health Center, said, "We found increased levels of TF in the blood, heart, and lungs in mice treated with a cox-2 inhibitor." She added, "With this mechanism, we can understand why cox-2 inhibitors contribute to the development of cardiovascular events." The researchers proposed that "it may be possible to make cox-2 inhibitors safer by giving TF-blocking drugs along with these pain killers." Ghosh "believes the TF-linked risk applies to all cox-2 inhibitors," including Celebrex (celecoxib), which is still on the market. Ghosh said that the "same risk may also apply to traditional pain medications called non-steroidal anti-inflammatory drugs (NSAIDs)." The research was reported in the Aug. 27 online edition of *The Journal of Experimental Medicine*.

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Study suggests statin users may be less likely to develop Alzheimer-related brain abnormalities.

]"People who take cholesterol-cutting statin drugs may be less likely to develop Alzheimer's disease brain abnormalities," according to a study published in the journal *Neurology*. Gail Li, M.D., Ph.D., of the University of Washington, and colleagues "conducted brain autopsies on 110 people who died during a long-term study of brain health." Study "participants had enrolled in the study when they were at least 65 years old (average age: 74). At the time, they had healthy minds." The participants "took mental skills tests every other year for up to eight years. If they scored poorly on those tests, they were screened for dementia. On average, participants died when they were in their late 70s to early 80s." The team "checked participants' medical records for statin prescriptions, except for the statins Lescol (fluvastatin) and Crestor (rosuvastatin), which weren't included in the data." Brain autopsies "showed that participants who had taken statins were 80 percent less likely to have brain changes typical of Alzheimer's disease than those who hadn't taken statins

Loneliness may lead to hypertension, researchers say.

"Loneliness might speed the aging process and trigger killer health problems," according to research reported in *Current Directions in Psychological Science*. Over time, "the toxic stress response might lead to high blood pressure, sleep disorders, and other health problems." Louise Hawkey and John Cacioppo, of the University of Chicago, "analyzed data from several studies," showing that "lonely people tend to react more intensely to life's problems." Furthermore, "they're more likely to feel threatened by a difficult situation and less likely to seek help or solace from a friend or family member." In one study, the researchers "took urine samples from people ages 50 to 68 who were asked questions to gauge their loneliness. Subjects who were identified as lonely were found to have elevated levels of epinephrine, a hormone that increases heart rate and blood pressure." The researchers also found "that lonely people had significantly higher blood pressure compared with people who had more satisfying friendships."

Bariatric surgery reduces mortality

Long-term total mortality after gastric bypass surgery was significantly reduced, particularly deaths from diabetes, heart disease, and cancer. However, the rate of death from causes other than disease was higher in the surgery than the control group. Considering that the prevalence of obesity is increasing by two- to three-fold in adults and children compared to the previous generation, the relationship of obesity with known cardiovascular risk factors, and the failure of most treatment strategies to control eating disorders, obesity is the most important modifiable risk factor in the Western world. Bariatric surgery using gastric bypass was initially frowned upon by the medical communities for several reasons including surgical mortality, serious metabolic disorders, and gastrointestinal symptoms. During the past 10 years, there has been a marked increase in gastric surgery, including gastric banding procedures (total of about 100,000 in the United States in 2003). Each has been shown to have a dramatic effect on body weight, hypertension, incident diabetes, lipid disorders, and quality of life. This study, conducted in Utah, and an accompanying Swedish study in which gastric banding was used in nearly 90%, are the first ones to demonstrate a reduction in mortality in the morbidly obese treated with surgery. The estimated number of lives saved after a mean follow-up of 7.1 years was 136 per 10,000 gastric bypass surgeries. The study is limited by the lack of data on cardiovascular risk and comorbidities in the surgical and control groups. Present National Institutes of Health recommendations are that if all other forms of treatment have failed, the surgical approach to obesity should be considered when the BMI is >40 and >35 in patients with coexisting illnesses.



In view of the results of this study using gastric bypass and the very low risk of gastric banding, it may be time to revisit the guidelines.

Westside Medical Associates of Los Angeles (WMALA) and Westside Medical Imaging (WMI) are premier centers in cardiac diagnosis and treatment.

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