

# News

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\*\*\*\*Some elderly patients can benefit  
from high cholesterol treatments

DALLAS--When confronted with serious ailments in the elderly -- such as diabetes mellitus, hypertension, cancer, osteoporosis and stroke -- physicians may wonder if it's worthwhile to treat hypercholesterolemia, or high cholesterol, as well. A Dallas researcher's answer is a qualified "yes."

Dr. Margo A. Denke, assistant professor of internal medicine in the Center for Human Nutrition at The University of Texas Southwestern Medical Center at Dallas, concluded after a review of current clinical trial evidence that "there would be a benefit to cholesterol-lowering in the elderly if patients are carefully selected."

"The physician must ask, 'Is this patient relatively healthy? Does he or she have an active lifestyle? Does he or she have a good prognosis for an extended lifetime?'" she said. "In people older than 60, the risk of therapy may be a little bit higher so the benefits must be clear. We do question, however, whether it's beneficial after age 80."

The results of her review were published in the May 15 issue of the Annals of Internal Medicine. Dr. Scott M. Grundy, director of the Center for Human Nutrition, co-authored the report.

Although no clinical trials have been carried out exclusively in

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people over age 60 to determine if diet modifications or drug therapy lower their rates of coronary heart disease, Dr. Denke extrapolated results from previous clinical trials involving middle-aged men to draw her conclusions about treating the elderly.

The Adult Treatment Panel report of the National Cholesterol Education Program, a project designed to educate physicians and the public about the risks of high cholesterol, defines a high blood cholesterol level as greater than 240 mg/dL. Based on this criterion, one-third of older men and one-half of older women have high blood cholesterol levels. An even better predictor of coronary heart disease is the level of low-density lipoproteins or LDL, the "bad" cholesterol. An LDL of more than 160 mg/dL is considered high risk and requires active management.

"Because the prevalence of elevated LDL-cholesterol levels in elderly persons is so high, the overriding issue becomes whom to treat," Denke stated in the review. "If an older patient is otherwise in good health, the benefit from cholesterol-lowering therapy may well be worth the cost and risk of therapy. Clinical trial data suggest that a 1 percent lowering of cholesterol levels will produce a 2 percent decrease in coronary risk."

For other patients suffering from congestive heart failure, stroke, cancer, chronic lung disease, dementia or debilitating arthritis, an expensive and aggressive regimen to lower cholesterol would be of little benefit, Denke said.

Once the decision has been made to treat high cholesterol, the first therapy should be diet modification, Denke said.

A cholesterol-lowering diet must still provide adequate

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nutrition. The Adult Treatment Panel report recommends achieving desirable body weight, reducing total fat intake to 30 percent or less of total calories consumed, decreasing saturated fats to less than 10 percent of calories and reducing dietary cholesterol to less than 300 mg per day. Although these goals can be achieved relatively easily by reducing consumption of cholesterol-rich eggs and organ meats and saturated fat-loaded whole milk, butter, ice cream, cheese and cream, "care must be taken to forestall an extreme dietary modification leading to poor nutrition," Denke said.

After six months, if cholesterol levels are still not within the ideal range, drug therapy should be considered, but only after a careful evaluation of the potential side effects and increased medical costs.

In the end, physicians still must weigh the benefits versus the risks for each patient and recommend an approach that best addresses the individual's needs.

"Physicians are having to make these decisions every day, and I think this review will give them a clearer picture of their treatment options," Denke said.

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Note: The University of Texas Southwestern Medical Center at Dallas comprises Southwestern Medical School, Southwestern Graduate School of Biomedical Sciences and Southwestern Allied Health Sciences School.