



UNIVERSITY OF MINNESOTA
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January 30, 1975

MEMORANDUM

TO: All Laboratory of Physiological Hygiene Staff

FROM: Henry Blackburn, M.D.

SUBJECT: Negative results of the Coronary Drug Project (CDP) recently reported

As you know, this Laboratory has been centrally involved with the University of Maryland and others in the design, analysis, and electrocardiographic work of the Coronary Drug Project, a collaborative trial of the National Heart and Lung Institute. Over the weekend in the press and on January 27 in the JAMA the final results of the study were released. None of the four cholesterol-lowering medications (decided upon for use in the middle 1960s) proved to reduce significantly the 5 year heart attack rate compared to a placebo. As previously published, available in our reprint files, two drugs were discontinued early during the study, one of them a female hormone and the other a thyroid hormone analog, dextrothyroxin. This was due to the fact that chances were very small after two to three years that they could cause any improvement in continuing to five years. In fact, they seemed actually to be associated with rate of complications greater than for those on placebo. The new publicity and report attached includes clofibrate (or Atromid) and nicotinic acid as the other two drugs - in which a great deal of hope had been placed by physicians, investigators, and the pharmaceutical industry.

The results are firm and convincing that despite the cholesterol-lowering properties of each of these drugs there is no important reduction in death rate, sudden death or non-fatal myocardial infarction from any of the cholesterol-lowering drugs in middle aged men survivors of one or more heart attack. This is a disappointing result for those doing research in heart patients and primarily for physicians taking care of coronary problems.

I would like to make some suggestions to the LPH staff for replies to any MRFIT participant or other who asks directly how the results of the Coronary Drug Project influence the MRFIT program:

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1. The failure of cholesterol reducing drugs in the Coronary Drug Project to reduce significantly the coronary death rate over a five year period is a disappointment for medical research devoted to prolonging life after heart attack.

2. The CDP involved the long-term treatment with 4 drugs, 2 of which (one like thyroid hormone and one like female hormone) appeared to have a toxic effect out of proportion to any possible beneficial effect and two of which had no important effect, despite some cholesterol reduction.

3. The Coronary Drug Project involved men on the average 7 years older than MRFIT men and each of which had experienced one or more clear-cut heart attack.

4. Despite the constant and important search in medicine for drugs, surgical and other traditional treatment procedures that will benefit people stricken with advanced artery disease such as heart attacks and strokes, there is not yet great reason to believe that such ordinary treatment measures can be overwhelmingly effective in prolonging life of the majority of persons with already far advanced artery disease or with heart damage.

5. The purpose of the MRFIT program is to identify people well before they have complications of damaged arteries and to attempt to influence the factors related to having heart attacks enough to prevent them in a substantial number of people.

6. Recall that the MRFIT program does not concentrate on one risk factor alone and does not use drugs to lower cholesterol. It effectively attempts to reduce cholesterol as much as possible with safe manipulations of eating patterns and weight loss plus influencing the other extremely important risk characteristics of elevated blood pressure and cigarette smoking.

7. The rationale of multiple risk factor reduction in MRFIT has still the strongest possibility for reducing the burden of heart attack in MRFIT individuals and overall in this country. The negative results of the Coronary Drug Project in older heart attack patients make the MRFIT effort in which we are engaged all the more important, to see whether we can head off the problem much earlier in the game.

8. Any MRFIT participant taking cholesterol-lowering drugs prescribed by their physician should discuss the matter with that physician.

HB:jp
attachments

pc: MRFIT Steering Committee