

Abstract of paper to be considered for presentation at the
32nd Annual Scientific Session

AMERICAN COLLEGE OF CARDIOLOGY

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Submit to: American College of Cardiology
9111 Old Georgetown Road
Bethesda, Maryland 20814

Deadline for submission: Postmarked no later than September 10, 1982

*Russ & Aaron -
Good abstract.
I would love to
could account for
these concepts in
presentation. Thanks.*

*Complete 10/27/82
Russ & Aaron
This is an
important concept
I'd expect us to
get over in our
HDL present.*

*There is no
correlation in
between
these
individual risk of*

ABSTRACT CATEGORIES

Please check only one.

- Cardiac Function—Basic and Clinical
- Cardiac Pacing
- Cardiac Surgery
- Coronary Artery Disease
- Echocardiography
- Electrocardiography/
Electrophysiology—Basic and Clinical
- Epidemiology/Prevention
- Exercise Physiology and Testing
- Hypertension
- Myocardial Infarction—Experimental and Clinical
- Myocardial Metabolism
- Nuclear Cardiology
- Pediatric Cardiology
- Pharmacology—Basic and Clinical
- Sudden Death and Ambulatory Monitoring
- Valvular Myocardial and Pericardial Disease
- Other Adult Cardiology

in older people in high incidence populations.

-based

*might
would*

ABSTRACT REPRODUCTION SPACE

A RECENT DECLINE IN POPULATION HIGH DENSITY LIPOPROTEIN CHOLESTEROL LEVELS: THE MINNESOTA HEART SURVEY

Aaron Folsom, MD; Russell Luepker, MD, FACC; David Jacobs, PhD; Richard Gillum, MD, FACC; Henry Taylor, PhD; Ivan Frantz, Jr., MD; Peter Hannan, MStat; Henry Blackburn, MD, FACC; Univ. of MN, School of Public Health, Minneapolis, MN.

High density lipoprotein cholesterol (HDL-C) has been consistently and inversely related to coronary heart disease (CHD) in epidemiologic studies. To characterize trends in population levels of HDL-C, values from a 1980-81 population survey of Minneapolis-St. Paul were compared with values from a 1973-74 survey, the Minnesota Lipid Research Clinics (LRC) Prevalence Study. In both studies HDL-C was analyzed by the Minnesota LRC laboratory using standardized techniques. Mean age-adjusted HDL-C levels have declined in this community between 1973-74 and 1980-81:

Age	Sex	n	1973-74	1980-81
			HDL-C (mg/dL)	HDL-C (mg/dL)
25-39	M	118	45.7	44.0
	W	125	57.9	54.1*
	M	121	47.6	44.0*
40-59	W	145	63.6	55.3**

*p<.01, **p<.001, for time differences

Mean age-adjusted total cholesterol levels declined from 207.5 to 203.2 mg/dL in men and from 200.4 to 197.0 mg/dL in women during the same period. A population increase in body mass index and a decrease in the prevalence of exogenous estrogen use in 40-59 year old women (from 34% in 1973-74 to 7% in 1980-81) account for part of this HDL-C decline in an analysis of covariance. Changes in exercise, smoking, and alcohol use between 1973-74 and 1980-81 explain very little of the HDL-C decline. This fall in HDL-C, which otherwise remains unexplained, could affect future CHD rates in this community and is inconsistent

Please Read Instructions Carefully
Before Typing Abstract

- Has this or a similar abstract been accepted for presentation at another scientific meeting? Yes No (If yes, please specify) *in CHD morbidity in heart period.*
- Has this abstract or a manuscript been accepted for publication? Yes No (If yes, please specify)

Aaron R Folsom, MD
(Signature of Senior Author)