

High cholesterol in elderly: 5 views

By David Levine

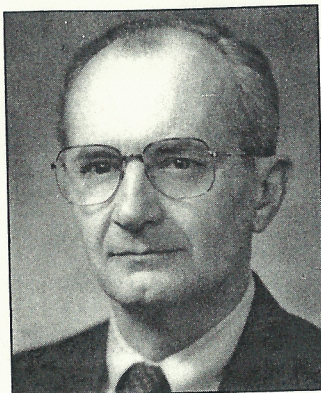
Cholesterol complacency in the elderly took a jolt recently. Data from the Honolulu Heart Program (see page 6) show that elevated total cholesterol (above 200 mg/dl) is just as strong a coronary-heart-disease (CHD) risk factor as it is in middle-aged men.

Years ago, based on Framingham study data, risk evaluators did not consider cholesterol to be an independent risk factor or risk predictor at any age.

Even today, some authorities maintain that the survival benefits of cholesterol reduction have not been demonstrated at any age. With this highly conflicting evidence as a backdrop, five physicians who have grappled with the controversy were asked what a high cholesterol reading over 60 means and whether—and why—it should be treated.

Dr. Claude J. M. L'Enfant, director of the National Heart, Lung, and Blood Institute, maintained that "it is just as important for elderly Americans [60 and above] to know their risk of coronary artery disease for their younger counterparts to know." He believes high cholesterol poses a risk in the elderly; in postmenopausal women, the risk is as great [as] or greater than it is in premenopausal women.

"But like most physicians," he said, "if a 65-year-old person came to see me with a 240 cholesterol and no other risk factors for CHD, I would probably not treat that person. But if he or she had had a heart attack 10 years ago, I would put him/her on a cholesterol-lowering diet." He



Dr. L'Enfant, 61, has a 190-200 cholesterol, and keeps it down

considers medication "a last resort" in the elderly.

In strong disagreement was Dr. P. J. Palumbo, director of clinical nutrition and lipids at the Mayo Clinic. "There have been no trials of people over 60 [and] none of women at any age, or of children," he said. And none of the studies have shown an improvement in total mortality. "The only clear benefit of lowering cholesterol is that it reduces the rate of development of heart disease in middle-aged men. For this group, based on the evidence, screening should be done."

The Hawaiian Heart Study to the contrary, he asserted that the risk of a heart attack diminishes with age.



Dr. Palumbo, 57, has a 187 level, feels '260-280 is acceptable'

And he feels that guidelines set forth by the National Cholesterol Education Program (NCEP) are too tight for the elderly. His view of postmenopausal women, diametrically opposed to Dr. L'Enfant's, is that "they have high levels of cholesterol and not many problems. I believe that, for all elderly people, the range of 260-280 is acceptable."

Dr. Palumbo's clincher: if the nation hewed to NCEP guidelines on evaluation and treatment of every elderly person with high cholesterol, "the cost would be in the billions."

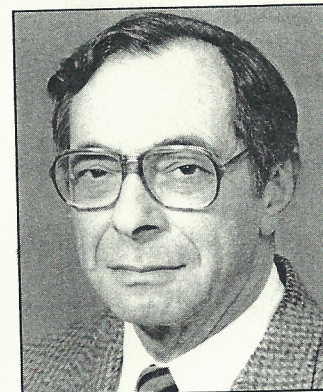
Another nonbeliever is Dr. Thomas C. Chalmers, distinguished physician, Boston Veterans Administration Hospital, and associate



Dr. Chalmers, 72, has a 200, doesn't work on it, eats 'a moderate diet'

director, Technology Assessment Group, Harvard School of Public Health. "There are no data that people who lower their cholesterol are happier or healthier, or live longer," he said. "No data on the effects of drugs. All we know are the data for middle-aged men. It's not wise and [may even be] dangerous to set national policy without the data to back it up."

"If elderly patients want to restrict their diets, it's okay, but they should do so moderately," said Dr. Chalmers. "Why should they have to be on these diets, if there is no reason? [Besides], low-cholesterol diets have been linked with cancer. We could be setting the elderly on a course of



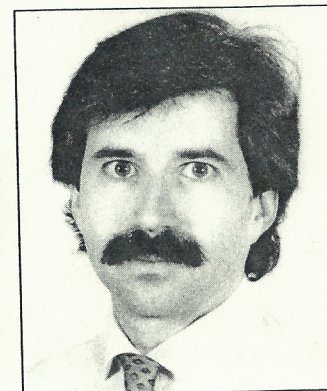
Dr. Goodman, 59, has a 170, would put all elderly on low-fat diet

substituting death from cancer for death from heart disease."

It's back to orthodoxy with Dr. DeWitt Goodman, director of the Institute of Human Nutrition at Columbia University's College of Physicians and Surgeons.

"We now have evidence that clearly supports the conclusion that the elderly will live longer and better by lowering cholesterol," said Dr. Goodman. Contrary to Dr. Chalmers, he would put every elderly person on a low-fat diet, unless there was a medical problem.

"Since 40% of all people over 75 have a chronic disability, diets must be planned in conjunction with their physician."



Dr. Miller, 32, has a 150, cites policy limiting treatment to the ill

A way to finesse the whole problem was offered by Dr. Michael Miller, of the Johns Hopkins Hospital's division of cardiology. He said the philosophy at Hopkins is to treat all people with established coronary disease regardless of age. "I think treating people with an illness makes more sense than arguing about the data and whom to screen."

Dr. Miller recommended that, before treating an elderly person with a cholesterol level of 230 or above, the high-density-lipoprotein (HDL) level be checked. "We have found that many elderly people, probably due to genetic factors, have high protective HDL levels," declared the cardiologist.