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Specialists say heart disease patients may need to watch 'good cholesterol'

By Jonathan Bor
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Many patients with heart disease and normal cholesterol levels have been lulled into complacency because they have not been advised to watch their levels of "good cholesterol," a team of Baltimore heart specialists has concluded.

Although cholesterol is widely regarded as a risk factor, there may be 2.5 million people in the United States who suffer from heart disease despite having normal levels of total cholesterol.

Doctors at Johns Hopkins Hospital and the University of Maryland Medical Center followed 107 men and women who fit this description over a period of 13 years. Almost two-thirds died from heart disease, survived a heart attack or experienced chest pains that led to surgery.

Of them, disproportionate numbers were people who had low levels of high-density lipoprotein (HDL), the so-called "good cholesterol." Patients with low HDL, measuring less than 35 on a scale, ran twice the risk of experiencing heart trouble as those with higher "good cholesterol."

Despite its nickname, HDL really isn't cholesterol, but a protein that removes cholesterol from the bloodstream and deposits it in the liver,

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DR. JAMES CLEEMAN

where it is excreted in bile.

"The problem is, there's such a significant proportion of people who have heart attacks but do not have sky-high cholesterol levels," Dr. Michael Miller, director of preventive cardiology at the University of Maryland Medical Center, said. They get a "false sense of reassurance," he said, "when they are told not to worry about cholesterol that is OK."

Dr. Miller, whose study appears in today's issue of the journal *Circulation*, urged revision of the current guidelines of the federal government's National Cholesterol Education Program. The program, run by the National Heart, Lung and Blood Institute, urges wide-scale monitoring of cholesterol but not HDL.

"The fly in the ointment is that we haven't yet proven that raising HDL

is going to make a difference," Dr. Miller said, although a large study of patients at Veterans Affairs hospitals is trying to assess that. Results aren't due until the end of the decade.

It also isn't as easy to raise "good cholesterol" as it is to reduce total cholesterol.

Some people have been able to raise their HDL by modest amounts — as much as 5 percent — by exercising, quitting smoking or losing weight. Two drugs, niacin and gemfibrozil, have raised HDL by 10 percent to 30 percent, Dr. Miller said.

Dr. James Cleeman, coordinator of the National Cholesterol Education Program, said that revised guidelines due in mid-1983 will probably address the role of HDL in preventing recurrent heart trouble.

Heart experts gathered this year at the National Institutes of Health reached a consensus that cardiac patients should try raising their "good cholesterol" through exercise, weight loss and stopping smoking — and finally, with medication.

"There has certainly been a flavor in the medical community that HDL should be measured more widely," Dr. Cleeman said. "But we don't have a very good means of raising it, and we don't have total evidence of the benefit of raising it."

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