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Low Cholesterol Threat Could Be Overrated

By Scott J. Brown
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TOWSON, Md. — Warnings about the supposed dangers of low cholesterol may be overblown, Dr. Michael Miller said at a program on the prevention of coronary heart disease sponsored by Johns Hopkins Medical Institutions, Baltimore.

Some studies have suggested that the risk of dying from noncardiovascular causes increases as an individual's level of total cholesterol drops below 160 mg/dL.

But an important question is whether low cholesterol levels actually cause death, or whether certain diseases predispose people to such low levels, said Dr. Miller, director of preventive cardiology at the University of Maryland School of Medicine, Baltimore.

Some studies, for example, have correlated low cholesterol levels with later death from cancer. The data from these studies, however, tend to support the idea that the low levels resulted from preexisting

(Continued on page 21)

(Continued from page 1)

disease and did not cause the deaths, Dr. Miller said.

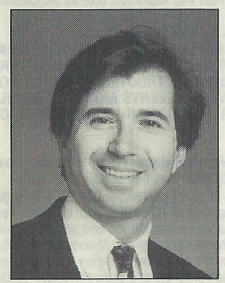
In one study, for example, cholesterol levels were found to be 25-35 mg/dL below average in those patients who died from cancer within 1 year of cholesterol determination—patients who were likely to have had preexisting illness.

But cholesterol levels were only a negligible 4-5 mg/dL below average among those patients who died at a later time, within 10 years, and who also presumably would not have had any preexisting disease when the study began.

Other lines of evidence also contradict the theory that having low cholesterol levels is dangerous, Dr. Miller said.

A Johns Hopkins study that followed more than 1,000 men for 40 years failed to find any increase in noncardiovascular mortality among men with the lowest total cholesterol levels, between 118 and 172 mg/dL.

Moreover, excess deaths from cancer have not been found among populations with typically low cholesterol levels, such as the Chinese.



Dr. Miller

Excess mortality also has not been reported among patients with hypobetalipoproteinemia, who have total cholesterol levels below 100 mg/dL and low-density lipoprotein cholesterol levels below 50 mg/dL.

The supposed U-shaped relationship between cholesterol and total mortality found in men has not been demonstrated in women.

If low and high cholesterol were having some adverse physiological effect, why would it not appear in both sexes? Dr. Miller asked.

Problems can also be found with the theory that low cholesterol increases one's risk for accidental or violent death, he said.

Some researchers have speculated that changes in cellular membranes that are brought about by low cholesterol may make individuals more prone to violence, and thus to death from violence.

But cellular membrane fluidity only becomes altered at extremely low levels of low-density lipoprotein cholesterol, below 19 mg/dL, Dr. Miller pointed out.

have been receiving cholesterol-lowering drugs.

The actual numbers of such deaths in those studies, and the differences between the groups studied, are small, he said.

In the Lipid Research Clinics study, for example, of 1,907 patients receiving the cholesterol-lowering drug cholestyramine, six died in accidents, compared with 2 of 1,899 placebo recipients.

Similarly, four patients in the drug group committed suicide, compared with two patients in the placebo group. And one drug recipient was murdered,

> ***A study that followed more than 1,000 men found no increase in noncardiovascular mortality.***

compared with none of the placebo recipients.

Dr. Miller said that the deaths could not easily be attributed to changes in behavior brought on by the cholesterol-lowering medication that they were receiving.

The drug recipient who died in the

suggested that white wine has greater antioxidant potential than red wine—California white wine, at any rate.