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NORMAL WEIGHT-CENTRAL OBESITY IS ASSOCIATED WITH THE HIGHEST MORTALITY RISK IN OLDER ADULTS WITH CORONARY ARTERY DISEASE

Moderated Poster Contributions

Hall C

Sunday, March 30, 2014, 9:45 a.m.-10:00 a.m.

Session Title: Prevention: Statins: Side Effects and Complications

Abstract Category: 20. Prevention: Clinical

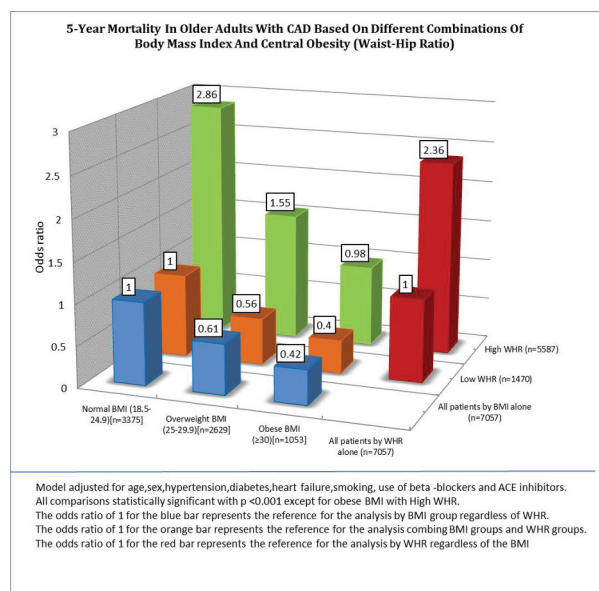
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Background: In subjects with coronary artery disease (CAD), mortality is inversely related to body mass index (BMI) (“obesity paradox”), while central obesity is directly associated with mortality. Moreover, the combination of normal BMI with central obesity [normal weight-central obesity (NWCO)] confers the highest mortality risk. Whether these associations are also present in elderly subjects is unknown. Thus, we studied older adults with CAD to determine if 1) the obesity paradox exists; 2) NWCO is associated with increased mortality risk.

Methods: From a database of subjects with CAD from 5 cohort studies, we studied those who were ≥ 65 years old ($n=7057$). Normal weight, overweight and obese were defined by standard World Health Organization BMI cut-offs. High waist-hip ratio (WHR) was defined as ≥ 0.85 for women and ≥ 0.90 for men. Multivariate logistic regression analysis adjusting for potential confounders assessed mortality risk at 2 and 5 years according to different combinations of BMI with WHR (referent=normal BMI with normal WHR).

Results: Mean age was 73.0 ± 6.0 years. 50% were women. There were 3532 (50%) deaths over a median follow-up of 2.01 years. 5-year mortality by BMI and WHR are shown in the Figure. Analysis of 2-year mortality showed similar results.



Conclusion: In older adults with CAD, the “obesity paradox” is present and NWCO is associated with the highest risk of mortality, highlighting the need to combine measures of total and central obesity in their adiposity-related risk assessment.