

05-017

CLINICAL OUTCOMES BY RACE IN NONDIABETIC PARTICIPANTS WITH CARDIOVASCULAR METABOLIC SYNDROME IN THE ANTIHYPERTENSIVE AND LIPID-LOWERING TREATMENT TO PREVENT HEART ATTACK TRIAL

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Introduction. This randomized, double-blind, active-controlled clinical trial assessed efficacy of first-step drug therapy with calcium channel blocker or ACE-inhibitor compared with thiazide-type diuretic in Black and non-Black nondiabetic persons with/without cardiovascular metabolic syndrome (CVMS).

Methods. ALLHAT was a practice-based study of 33,357 hypertensive participants age ≥ 55 years with at least one other risk factor for coronary heart disease (CHD). Interventions were chlorthalidone (C), amlodipine (A), or lisinopril (L), plus open-label step-up drugs to reach blood pressure goal. The primary outcome (PO) was combined fatal CHD or nonfatal MI. CVMS was defined as two or more of the following: fasting glucose 100–125 mg/dL, BMI ≥ 30 , fasting triglycerides ≥ 150 mg/dL, HDL cholesterol < 40 mg/dL (men) or < 50 mg/dL (women). Nondiabetic participants (N=17,515) were classified as having CVMS (n=8,013) or not (n=9,502). Of nondiabetic participants, 35% of Blacks (n=5,539) and 51% of non-Blacks (n=11,976) had CVMS.

Results. The relative risk (95% confidence interval) in CVMS assigned to A or L compared with C was 0.96 (0.79–1.16) and 1.05 (0.88–1.27), respectively; in non-CVMS, 1.09 (0.91–1.30) and 1.06 (0.89–1.27). No treatment differences by race were observed for stroke, mortality, or combined cardiovascular events (PO, stroke, heart failure [HF], angina, coronary revascularization, peripheral arterial disease).

Conclusions. There was no evidence of superiority for prevention of CHD events during first-step therapy of hypertension with amlodipine or lisinopril compared with chlorthalidone in nondiabetic persons with CVMS. Diuretics are more efficacious in preventing other clinical outcomes, especially HF, regardless of presence/absence of CVMS.

05-019

THE JACKSON HEART STUDY: COHORT RECRUITMENT, RESPONSE RATES, AND SAMPLE DESCRIPTIONSB WYATT¹; D Sarpong²; S Fuqua; ME Andrew⁴; FHenderson³; HA Taylor³.

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Objectives. To detail the recruitment methods, response rates, and sample distribution for the all-African-American cohort of the Jackson Heart Study (JHS).

Methods. Recruitment methods focused on building trust through family and community relationships. A complex sampling strategy including Jackson-Atherosclerosis Risk in Communities Study participants, random selection of households, volunteers, and an embedded family sample was implemented. The recruitment protocol included sample contact via letter, personal visit, and telephone to complete a household enumeration and household induction interview (HII), followed by a separate clinic examination (CE). Multiple strategies for enhancing recruitment success were put into practice.

Results. 13,551 individual contacts were made. Men and women (n=5307) of widely varying ages, education levels, and socioeconomic statuses who reside in the Jackson, Mississippi, metropolitan statistical area were recruited to complete all phases of enumeration, HII, and CE (39% response rate). The response rate for completed HII/contact was 46%, and the yield of completed HII to CE was 86%. The sample will be described.

Conclusions. Recruitment was the challenge anticipated. In addition to the culture-specific trust issues, impediments included the general suspicion of strangers heightened by increased telemarketing and fraudulent solicitation and sensitized by fears of terrorism or crime. People's busy lives coupled with the complex sampling design for the JHS also impacted recruitment. The majority of persons completing a HII completed the CE. By addressing their trust and other issues, a large cohort of African Americans was assembled who provide a rich resource for the study of heart disease in African Americans.

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The Jackson heart study: Cohort recruitment, response rates, and sample description

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