

ARIC MANUSCRIPT PROPOSAL #683

PC Reviewed: 08/12/99
SC Reviewed: _____

Status: Approved
Status: _____

Priority: 2
Priority: _____

1a. **Full Title:** Obesity and concomitant risk for cardiovascular disease: implications of obesity guidelines

b. **Abbreviated Title:** Obesity and cardiovascular disease risk

2. **Writing Group:**

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3. **Timeline:**

Preliminary analysis will be completed in August 1999
Submission for publication in October 1999

4. **Rationale:**

The NHLBI guidelines for treatment of overweight and obesity recommend potential pharmacologic treatment for individuals with a BMI ≥ 27 and concomitant risk for cardiovascular disease. Recent analysis of the ARIC data show that 35% of the ARIC cohort has hypertension and 64% of these have a BMI ≥ 27 so may qualify for treatment with antiobesity agents. The implications of the NHLBI are even greater if other risk for cardiovascular disease are also considered. The purpose of this analysis is to determine the proportion of ARIC participants that have obesity and concomitant hypertension, dyslipidemia, diabetes mellitus, smoking or known coronary artery disease.

5. Main Hypothesis:

This is a descriptive analysis.

6. Data:

Visit 1 cross-sectional analysis

7. Variables:

BMI (calculated from height and weight)

Hypertension (defined as currently treat with blood pressure medication or having a blood pressure $\geq 140/90$ (systolic or diastolic Diabetes Mellitus (serum glucose ≥ 126 or treatment for diabetes)

Hyperlipidemia (LDL ≥ 160 or HDL ≤ 35)

Smoking (currently or ever smoked)

Prevalent Coronary Artery Disease (self-reported)

Gender, Ethnicity