

## Low HDL Level Is Strong Independent Risk Factor for CHD

**WASHINGTON** — A low blood level of high-density lipoprotein cholesterol was the only lipid variable that was independently associated with coronary artery disease in a group of 197 patients undergoing elective coronary angiography for evaluation of chest pain, say Dr. Philip A. Raman and his associates at Georgetown University School of Medicine.

After adjusting for age and sex, the presence, severity, and extent of coronary artery disease (at least 25% diameter stenosis in a major coronary artery) were independently associated with low high-density lipoprotein (HDL) cholesterol levels but not with total or low-density lipoprotein cholesterol or triglyceride levels.

A low HDL cholesterol level was the only lipid variable that predicted coronary artery disease in patients with normal cholesterol levels below 200 mg/dL.

The findings add to the growing body of evidence showing an important association between low HDL cholesterol levels and coronary artery disease. The findings also show that a low total cholesterol level does not necessarily mean the risk of coronary artery disease is low.

In fact, most coronary artery disease occurs in people with only mild or moderate elevations in levels of total cholesterol, the investigators say (Am. J. Cardiol. 67:479-83, 1991).

These findings regarding low levels of HDL and coronary artery disease are important in view of the current guidelines for cholesterol screening, which do not recommend routine determinations of HDL levels in all patients, Dr. Raman and his associates comment.

His associates in this study were Drs. Curtis E. Green, Kathleen Rangan, and Charles E. Hackley.

## Smoking Appears to Be Incontinence Risk Factor

**NEW ORLEANS** — Cigarette smoking appears to be an independent risk factor for the development of urinary incontinence in women, a fact that physicians can exploit to great effect when counseling patients to give up the habit, Dr. Richard C. Bump said at the annual meeting of the American College of Obstetrics and Gynecologists.

"Anecdotally, I have had more success getting patients to stop smoking by using the concrete example of incontinence as a stimulus than I ever did with

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the abstract specter of lung cancer or heart disease," commented Dr. Bump, whose presentation won the second-place prize for original research presented at the meeting.

The realization that incontinence is yet another bad consequence of smoking seems to be a particularly effective deterrent to tobacco use. This is because incontinence is "a stigmatizing condition and has profound psychosocial impact," he said.

Dr. Bump, of the Medical College of Virginia, Richmond, reported on 312 incontinent and 384 continent women involved in a retrospective case-controlled study. All subjects had a complete gynecological physical examination; in addition, all incontinent women and 40% of the continent ones had a comprehensive urodynamic evaluation.

Thirty-five percent of the women with urinary incontinence were current smokers and another 16% were former smokers, compared with 24% and 8%, respectively, of the continent women. These findings could not be accounted for by differences between smokers and non-smokers in age, parity, weight, or hormone status—the traditional risk factors for urinary incontinence.

Current smokers actually had a lower risk profile than non-smokers on the basis of the traditional risk factors, Dr. Bump said.

There were no differences in smoking prevalence among women with the

various types of incontinence—genuine stress urinary incontinence, detrusor instability, and unstable voiding pressure. The attributable risk of urinary incontinence in women who smoke was conservatively estimated at 29% on the basis of these data. The strength of this association means that strategies to discourage women from smoking could have an im-



Dr. Bump

port upon the overall prevalence of female incontinence, Dr. Bump said. Former smokers involved in this study had quit an average of nearly 9 years earlier, yet they continued to be at increased risk for urinary incontinence. For instance, women who ever smoked had a 3.5-fold increased risk of genuine stress incontinence compared to women who had never smoked.

Dr. Bump proposed two theoretic mechanisms to account for the smoking-incontinence link. One involves the stress caused by smokers' cough; the least coughing might explain why smokers with genuine stress incontinence developed the disorder at an earlier age and with better resting urinary function than non-smokers with the disorder.

There may also be a direct adverse cellular effect of nicotine on the detrusor muscle, a hypothesis supported by the observation that smokers had a higher prevalence of detrusor instability than non-smokers. Dr. Bump's associate in this study was Dr. Donna K. McClish.



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**Smoking** — A former cigarette smoker, Dr. Richard C. Bump, M.D., of the Medical College of Virginia, Richmond, Va., says that the habit of smoking is a major risk factor for the development of urinary incontinence. He says that the habit of smoking is a major risk factor for the development of urinary incontinence. He says that the habit of smoking is a major risk factor for the development of urinary incontinence.

Dr. Bump's associate in this study was Dr. Donna K. McClish.

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## Smoking Hastens Facial Wrinkling, Study Finds

**NEW** study has confirmed that people who smoke are more susceptible to facial wrinkles than non-smokers.

The study by Dr. Donald P. Fitzpatrick, a dermatologist, and five colleagues at the University of Utah Health Sciences Center, involved 100 smokers and 100 non-smokers.

The scientists used photographs to assess facial wrinkling and grouped the participants according to pack-years of smoking. For example, a person who smoked one pack per day for 10 years would be considered a 10 pack-year smoker.

After taking age, sex, and sun exposure into account, the researchers found that smokers had more wrinkles than non-smokers. The study also found that the rate of wrinkling was directly related to the number of pack-years smoked.

The findings were reported in a recent issue of *Archives of Internal Medicine*.

Previous research had suggested that smoking was a risk factor for wrinkles, but the researchers said this was the first study to show that smoking is an independent risk factor for the development of facial wrinkles.

Smokers with heavy sun exposure had the most wrinkles, suggesting that the combination of smoking and sun exposure is particularly harmful to the skin.

Dr. Bump's associate in this study was Dr. Donna K. McClish.

Another possibility, he said, is that the irritation from smoking could lead to increased wrinkling of the skin.

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