**Fiber Intake May Impact C-Reactive Protein Levels**

**BY PATRICE WENDLING**

**CHICAGO**

Increasing dietary fiber intake may impact metabolic disorders, according to research presented at the American Heart Association’s 2005 Scientific Sessions.

Researchers from Kaiser Permanente Northwest, in Portland, Ore., and the University of Texas, Galveston, were able to examine the relationship between dietary fiber consumption in the previous 24 hours and C-reactive protein (CRP) levels.

In a study of adults 18-70 years old, researchers observed that those who consumed 25-30 g of fiber per day had significantly lower median CRP levels, 3.1 mg/L, compared with adults with no dietary fiber consumption, 8.8 g/day of fiber per day without these conditions (1.4 mg/L).

"There is a high correlation between magnesium intake and fiber intake, and there is a high predictive value of high magnesium intake and lower blood pressure and lower cardiovascular disease. So they may be traveling together. We are still in the process of sorting these things out," Dr. King said.

"The difference in rates between all of the subgroups was statistically significant, except for those with neither diabetes nor coronary disease and those with diabetes only. The event rate among patients with diabetes only was significantly less than the rate among patients with coronary disease only. In a multivariate analysis that adjusted for age and gender, patients with diabetes and coronary disease were about five times more likely to have a cardiovascular event than were patients with neither risk factor. Patients with coronary disease only were three times more likely to have an event. But patients with diabetes only were 10% more likely to have an event than those with neither risk factor, a nonsignificant difference.""}

**Type 2 Diabetes Alone Is Not a CAD Risk Equivalent**

**BY MITCHEL L. ZOLER**

**PHILADELPHIA**

Type 2 diabetes, by itself, does not boost the risk of cardiovascular events. It’s only when type 2 diabetes and coronary artery disease coincide in a patient does diabetes raise the risk, according to findings from 750 patients.

"Type 2 diabetes is not a coronary artery disease (CAD) risk equivalent," Dr. Drexel, director of the Vascular Research Institute at the University of Texas, Galveston.

The study reviewed the outcomes of 756 patients who underwent coronary angiography at the institute from October 1999 to October 2006. The analysis included six patients with type 1 diabetes. Among the remaining patients, 244 (33%) had no type 2 diabetes or coronary disease, 98 (7%) had type 2 diabetes and no coronary disease, 342 (46%) had coronary disease but no diabetes, and 114 (15%) had both coronary disease and type 2 diabetes. Those with diabetes but no coronary disease had diabetes for an average of 2 years. Those with diabetes and coronary disease had diabetes for an average of 8 years.

During 3.9 years of follow-up, the patients had a total of 151 cardiovascular events, a 20% 1-year incidence rate. The event rate was 9% among those who started with no diabetes or coronary disease, 10% among those with diabetes only, 24% among those with coronary disease only, and 40% among patients with both diabetes and coronary disease at baseline.

"The difference in rates between all of the subgroups was statistically significant, except for those with neither diabetes nor coronary disease and those with diabetes only. The event rate among patients with diabetes only was significantly less than the rate among patients with coronary disease only. In a multivariate analysis that adjusted for age and gender, patients with diabetes and coronary disease were about five times more likely to have a cardiovascular event than were patients with neither risk factor. Patients with coronary disease only were three times more likely to have an event. But patients with diabetes only were 10% more likely to have an event than those with neither risk factor, a nonsignificant difference."