Manuscript #128 WITHDRAWN

1. Title:
Levels of CHD Risk Factors, Arterial Wall Thickness, and MI Attack Rates in the ARIC Communities, 1987-89.

2. Writing Group:
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3. Rationale:
One of the raisons d'être for ARIC is to consider the relationship between changes in CHD risk factor levels and changes in CHD mortality or morbidity levels, which is basically an ecological hypothesis. It is far too early to measure the change needed for testing this hypothesis, but a cross-sectional view of the relationships is now available. This paper will be primarily descriptive, bringing together for the first time results from the cohort and surveillance components of ARIC.

4. Null Hypothesis:
There is no relationship among "communities" between mean risk factors or arterial wall thickness levels (or proportion of community above a standard cutpoint) and MI attack rates or CHD mortality rates. The "communities" would be defined by field center, age decade, sex, and race. (Only Forsyth County can furnish mean risk factor levels for blacks, so in essence, we get 20 "communities". This attempt to stretch 4 communities into 20 will be undertaken with caution, since clearly no truly independent samples of 20 communities are available.) The relationship between attack rates and risk factor levels, for example, would then need to control for race, age group, and sex.

5. Data:
Overall Visit 1 Risk Factor and Arterial Wall Thickness levels will be used, for each of the field center, age decade, sex, and race groups. MI attack rates and CHD mortality rates from 1987-89 Community Surveillance will be used. For comparison purposes, especially because Washington County does not contribute data to ARIC out-of-hospital death surveillance, official mortality statistics will also be used.

6. Timeline:
The risk factor and wall thickness data are now available, as are 1987-88 Surveillance data. A draft of the manuscript will be prepared in the Fall of 1991, using 1987-88 Surveillance data, and the 1989 Surveillance data will be included by early 1992.
Keywords: CHD, wall thickness, surveillance