1. Title:
Homocyst(e)ine correlates

2. Writing Group:
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3. Timeline:
Immediately (data is available).

4. Rationale:
Homocyst(e)ine is a risk factor for cardiovascular disease. Some (but not all) studies have found that the
association between homocyst(e)ine and disease is slightly weakened when adjusting for the effect of other
risk factors, although some residual independent effect of homocyst(e)ine always remains.

In order to understand the etiologic role of homocyst(e)ine it is crucial to understand the relationship between
homocyst(e)ine and risk factors for cardiovascular disease. Although there is conflicting evidence regarding
the association between homocyst(e)ine and the cardiovascular risk factors in different studies, some have
shown an association with smoking, physical activity, alcohol intake, hematocrit, uric acid, and serum
creatinine. These factors may be confounders of the association between homocyst(e)ine and disease. Alternatively, homocyst(e)ine may be in the casual pathway for the effect of some of these factors.

5. Main Hypothesis:
Homocyst(e)ine is associated with some of the main cardiovascular risk factors.

6. Data (variables, time window, source, inclusions/exclusions):
Dependent variable: Homocyst(e)ine (as determined by Malinow) in cases and controls.
Independent variables: smoking, alcohol intake, body mass index, waist-to-hip ratio, lipid levels, blood
pressure, diabetes, physical activity, family history, hematocrit, leukocyte count, creatinine, uric acid.

The associations will be investigated both independently of case-control status, and separately for cases and
controls, using appropriate sampling weights depending on the sampling fractions.