Manuscript #421

1. Abbreviated Title: Lipids & Ischemic Stroke

2. Writing Group
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3. Timeline:

4. Rationale: There is disagreement in the literature regarding the association of lipids/lipoproteins and ischemic stroke. Consider, for example, the following two recent citations:

   "The results of this study strongly suggest that elevated serum cholesterol should be considered a major risk factor for thromboembolic stroke...The lack of consistently strong associations in previous studies may be related to problems in the statistical modeling...." Benfante et al. Stroke, 1994

   "The postulated direct association [of serum cholesterol] with ischemic stroke however, has not been consistently observed...Data concerning lipids subtypes are also few and inconsistent." Bronner et al. N Engl J Med, 1995

5. Main Hypothesis: After adjusting for smoke, blood pressure, alcohol intake, diabetes, race and gender, incident ischemic stroke is NOT associated with any of the following: total cholesterol, LDL cholesterol, HDL cholesterol, HDL-2, HDL-3, apo A1, apo B, and triglycerides.

6. Data (variables, time window, source, inclusions/exclusions):
Inclusion: Participants free of CHD and stroke at visit 1
Exclusion: Users of LDL-lowering medications
Independent variables: Total cholesterol, LDL cholesterol, HDL cholesterol, HDL-2, HDL-3, apo A1, apo B and triglycerides.
Dependent variable: Incident ischemic stroke
Covariates: Stroke risk factors measured at baseline