

## Aspirin, Anturane and heart attacks

Both aspirin and a gout drug called Anturane inhibit blood platelet aggregation, and patients taking Anturane for gout have fewer heart attacks than do members of the general population. These facts, which heart researchers have known since the early 1970s, led to the hypothesis that aspirin or Anturane might prevent subsequent deaths among the world's millions of heart attack patients by keeping platelets from building up in coronary arteries and blocking the flow of blood to the heart. This hypothesis has now been tested by three groups of investigators and the results look good for Anturane but not for aspirin. The researchers were P. C. Elwood and P. M. Sweetnam of the Medical Research Council Epidemiology Unit in Cardiff, South Wales; James A. Schoenberger of the Rush-Presbyterian-St. Luke's Medical Center in Chicago and colleagues at other clinical centers; and Sol Sherry of Temple University School of Medicine in Philadelphia and researchers at other clinical centers.

Results from Elwood and Sweetnam's study, which appeared in the Dec. 22-29 *LANCET*, suggest that aspirin might possibly reduce deaths among heart attack patients. Findings by Schoenberger and colleagues, which will be published in the Feb. 15 *JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*, show no such effect. But results from Sherry and his team, which are reported in the Jan. 31 *NEW ENGLAND JOURNAL OF MEDICINE*, show that Anturane can dramatically reduce deaths among heart attack patients.

Elwood and Sweetnam conducted a

randomized, double-blind trial to see whether aspirin could help prevent death due to a second heart attack in 1,682 heart attack patients. Seventy-five percent of the patients joined the trial within a week after their attacks. Half took aspirin (300 mg daily) for a year; half took a placebo. As Elwood and Sweetnam report, aspirin reduced total deaths 17 percent more than a placebo did, and cardiac deaths specifically 22 percent more. These results, though not statistically significant, suggest that aspirin might possibly be of some help in reducing deaths, especially heart deaths, among heart attack patients.

The study by Schoenberger and team, in contrast, was a multi-center, randomized, double-blind trial designed to see whether aspirin could reduce deaths among heart attack patients over a three-year period. Some 4,500 patients were given aspirin (one gram daily) or a placebo over a 13-month period, then followed up. As the researchers report, subsequent deaths among aspirin takers were 10.8 percent, and among placebo takers 9.7 percent, and subsequent cardiac deaths were 14.1 percent in the aspirin group and 14.8 percent in the placebo group. Again, the differences were not statistically significant.

Sherry and his team compared Anturane (200 mg four times daily) and a placebo in preventing cardiac deaths among 1,558 patients, beginning 25 to 35 days after a heart attack and continuing for an average of 16 months. Anturane, the researchers found, was far more effective than a placebo in preventing sudden cardiac deaths in the first few months after a heart attack. Seven percent in the placebo group experienced heart deaths during this period, whereas only 1.8 percent of the Anturane group did, giving a reduction in such deaths by Anturane of 74 percent. □

Nonetheless, Haynes and Feinleib's results point out that certain subpopulations of working women are more susceptible to heart disease than are other working women. Female clerical workers (such as secretaries, typists, cashiers and sales clerks) who had children were more than twice as likely to develop heart disease as were female nonclerical workers with children. (In contrast, single or married clerical workers without children were at no greater risk of heart disease than were other working women.) Among working women whose husbands held blue-collar jobs, clerical workers with children were more than three times as likely to develop heart disease as were nonclerical mothers.

Why would mothers holding down clerical jobs and having husbands in blue-collar jobs be particularly prone to heart disease? Haynes and Feinleib believe that it might be because such women are often of low socioeconomic status and forced to seek employment to support their families; because clerical positions in general tend to be low in pay, status and promotion; and because combining child-rearing with unrewarding work is exceptionally stressful. □

## USDA & HEW issue dietary guidelines

The series of dietary guidelines issued Feb. 4 by the Departments of Agriculture and Health, Education and Welfare probably will cause less anguish for the American Medical Association than did the dietary goals issued in 1977 by the Senate nutrition subcommittee. Unlike the dietary goals issued by the nutrition subcommittee, the new guidelines do not set the specific quantity recommendations — a certain percentage of one's diet should come from fat, for example — that the AMA had charged were not backed by adequate medical fact.

Instead, the guidelines contain information about the relationship of dietary components — fat and sugar, for example — to specific diseases and conditions, along with the following recommendations: Eat a variety of foods, including foods with adequate starch and fiber; maintain ideal weight; avoid too much fat, saturated fat and cholesterol and too much sugar and sodium; drink alcohol only in moderation.

Still, Philip White, who heads the AMA's Council on Food and Nutrition, criticizes the "eat-less-of-this-and-avoid-too-much-of-that" type of guideline: "It's like telling the public to drive more slowly; if I were to drive more slowly, I'd be a menace on the highway. You always have to say, 'compared to what.'"

But, says Audrey Cross, USDA nutrition coordinator, "This is currently the best shot we can give the public." □

## Working women and heart disease

During the past 30 years, the number of working women in the United States has risen dramatically — from 28 percent of the total labor force in 1950 to 42 percent in 1978. Has this rise made women more susceptible to heart disease since many women, like men, are now vulnerable to job stresses and the pressures of earning a living? No, it generally has not, Suzanne G. Haynes and Manning Feinleib of the National Heart, Lung and Blood Institute in Bethesda, Md., report in the February *AMERICAN JOURNAL OF PUBLIC HEALTH*.

Haynes and Feinleib studied the relationship between employment and heart disease in women. Between 1965 and 1967, a psychosocial questionnaire was used in evaluating 350 housewives and 387 women who had been employed outside the home for more than half their adult years. The respondents were between the ages 45 and 64 years and were followed for the development of heart disease during the next eight years. They were compared

with 580 men participating in the Framingham, Mass., heart study, which has given, and continues to give, medical science much of its best information about links between life styles and heart disease.

As Haynes and Feinleib report, working women and men were more likely to report Type A behavior (heart attack-prone), ambitiousness and marital disagreements than were housewives. What's more, working women reported more job mobility than men, and more daily stress, marital dissatisfaction and concern about aging than did men or housewives. Still, working women did not have a significantly higher incidence of coronary heart disease than did housewives (7.8 percent versus 5.4 percent, respectively). So working women generally do not appear to be any more susceptible to heart disease than do housewives. These results are buttressed by other recent evidence that deaths from heart disease are declining precipitously among both U.S. men and women.