

# Inflammation Status (as estimated by plasma biomarkers) is Associated with CVD Risk in middle aged and older men and women

These markers represent:

- The “general inflammatory status”
- Both innate and adaptive immune status
- The specific pathway in which they participate

# What do we mean by “general inflammatory status?”

## Represent:

- Immune Response, Coagulation
- Plasmin generation for fibrinolysis, collagenase activation
  - Cellular activation/migration/proliferation
    - Opsonization
    - Complement Activation
    - Oxidative Damage and Repair
- RAS (angiotensinogen is an APR, and Angiotensin II activates NFkB)
  - ????

# Inflammation Status is Associated with CVD Risk and other diseases of older age

However, the strength of the association (i.e., the RR) appears to decline with age (or with increased disease burden?)

Also

Although data are limited, the association appears at least as strong in middle aged women as in middle aged men, but may be less strong in elderly women compared to elderly men

## Gender differences in inflammation and mortality

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In distinction to what occurs in middle age, it appears that inflammation is associated with mortality in the elderly in a time-dependent manner:

Inflammation markers predict mortality that occurs within 3 years of the blood collection much more strongly than mortality after 3 years from blood collection.

This is true for both CVD mortality and non-CVD mortality

There is also a gender interaction: this effect is seen much more strongly in men than women

Data from the Cardiovascular Health Study, presented by N. Jenny, \_\_\_\_ National meeting of the Epidemiology and Disease Prevention Council of the AHA, 2002

Given the many activities associated with the term “inflammation”, could these markers of inflammation be specific for heart attacks ?

**No**

# Association of Markers of Inflammation With CVD Risk

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Other outcomes associated with higher inflammation markers:

Type 2 diabetes

CHF

Some cancers

Cognitive decline

Frailty

All-cause mortality

All chronic diseases of old age ?

## The “Inflammation Hypothesis” of Chronic Diseases of Aging

1. In providing a necessary “interface” to the environment, “inflammation” can result in damage.
2. The better our responses and/or the more environmental stress to which we respond, the more damage we do.
3. We trade short-term benefit for long-term damage; a good trade from an evolutionary standpoint

# Association of Markers of Inflammation With Aging

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$$[(G \times P) \times C]_t = D_t$$

$$[(\text{Genes} \times \text{Programming}) \times \text{Challenge}]_{\text{time}} = \text{Damage}_{\text{time}}$$

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Capacity



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# Markers of Inflammation are Associated with CVD Risk

CRP is both a general **marker of inflammation** and an important component of the **innate immune system**

Strong correlation to components of Metabolic  
Syndrome especially **adiposity**

# Inflammation, Thrombosis and Metabolic Syndrome

**TABLE 2**

7-11 year old obese girls and boys

Correlations between plasma hemostatic factors, adiposity measures, and insulin<sup>1</sup>

| Variable | Fibrinogen        | PAI-1                | D-Dimer           | %BF                  |
|----------|-------------------|----------------------|-------------------|----------------------|
| %BF      | 0.42 <sup>2</sup> | 0.08                 | 0.40 <sup>2</sup> | —                    |
| VAT      | 0.21              | 0.49 <sup>2</sup>    | 0.16              | 0.40 <sup>2</sup>    |
| SAAT     | 0.40 <sup>2</sup> | 0.32 <sup>4</sup>    | 0.37 <sup>4</sup> | 0.78 <sup>2, 3</sup> |
| TFM      | 0.42 <sup>2</sup> | 0.28                 | 0.40 <sup>2</sup> | 0.85 <sup>2, 3</sup> |
| FFM      | 0.23              | 0.50 <sup>2</sup>    | 0.27              | 0.25                 |
| BMI      | 0.41 <sup>2</sup> | 0.24                 | 0.43 <sup>2</sup> | 0.78 <sup>2, 3</sup> |
| Insulin  | 0.11              | 0.61 <sup>2, 3</sup> | 0.13              | 0.42 <sup>2, 3</sup> |

dren. Even early in childhood, adiposity is associated with unfavorable concentrations of hemostatic factors that are in turn implicated in cardiovascular morbidity and mortality later in life.

*Am J Clin Nutr* 1998;67:1136–40.

# Inflammation, Thrombosis and Metabolic Syndrome

12-week caloric restriction; ave weight loss 7.9 kg

**TABLE 2. Biochemical Characteristics Before and After Weight Loss**

|                           | Week 0    | Week 12    |
|---------------------------|-----------|------------|
| Total cholesterol, mmol/L | 5.69±0.08 | 5.11±0.09* |
| LDL-C, mmol/L             | 3.79±0.08 | 3.38±0.08* |
| HDL-C, mmol/L             | 1.15±0.03 | 1.08±0.03* |
| Triglyceride, mmol/L      | 1.67±0.06 | 1.44±0.06* |
| Glucose, mmol/L           | 4.90±0.07 | 4.79±0.05  |
| CRP, mg/L                 | 5.56±0.36 | 4.12±0.36* |

Values are mean±SEM.

\* $P < 0.001$  vs week 0.

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# Association of Markers of Hemostasis/Inflammation With CVD Risk:

## Findings Related to Medications:

### Estrogen Replacement

# Biochemical Effects of HRT

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## Increases

- HDLc
- Triglyceride
- Factor VIIc
- Prothrombin F1.2
- Protein C

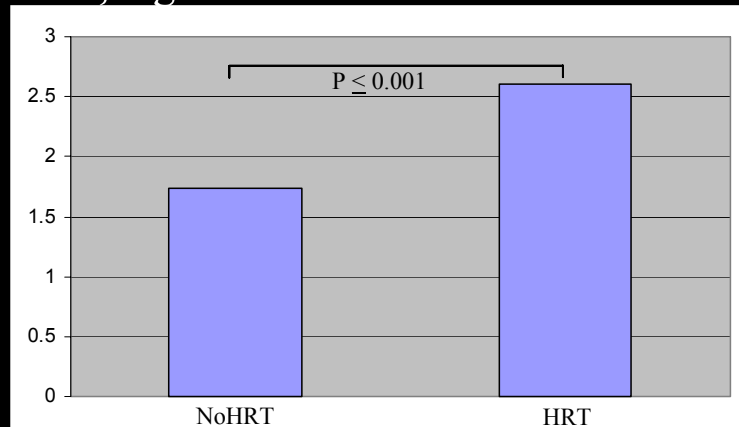
## Reduces

- LDLc
- Fibrinogen
- PAI-1
- Antithrombin

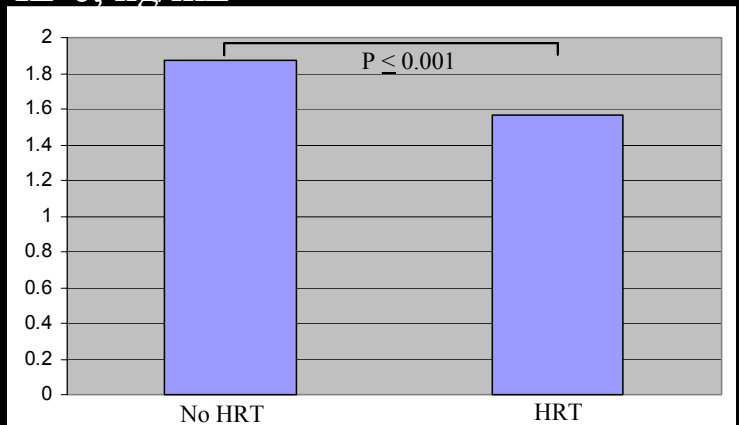
Composite Clinical Effect Unknown

◆ Observational studies: ~ 50% risk reduction

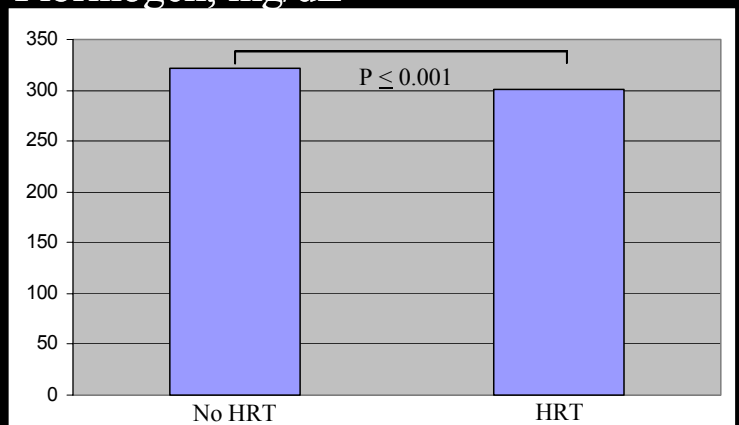
## CRP, mg/L



## IL-6, ng/mL



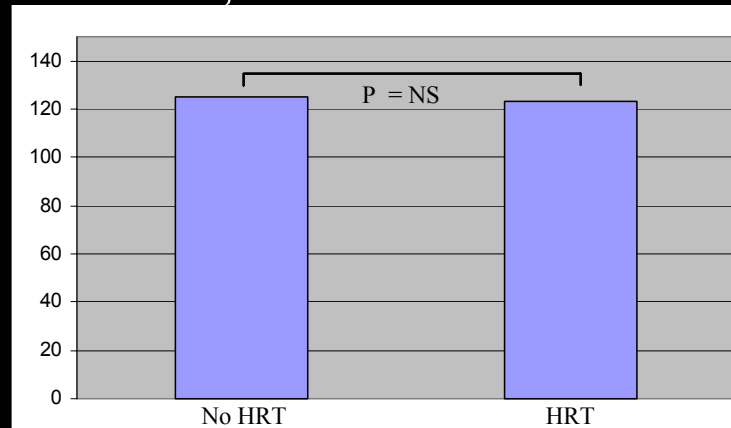
## Fibrinogen, mg/dL



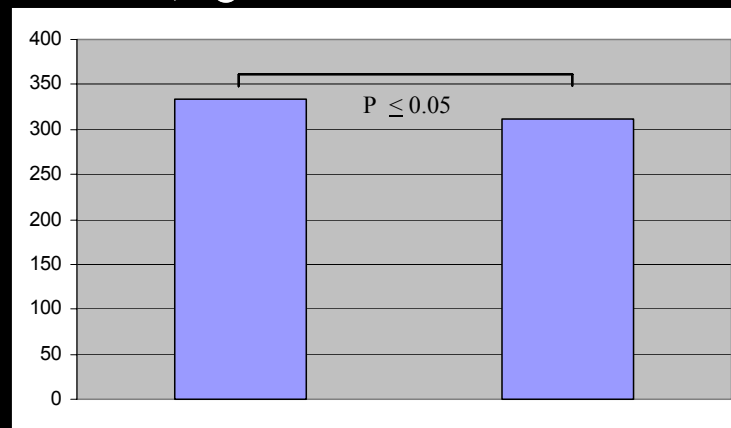
# HRT Use and Inflammation Markers

R. Tracy, unpublished cross-sectional data on current or previous HRT use from CHS

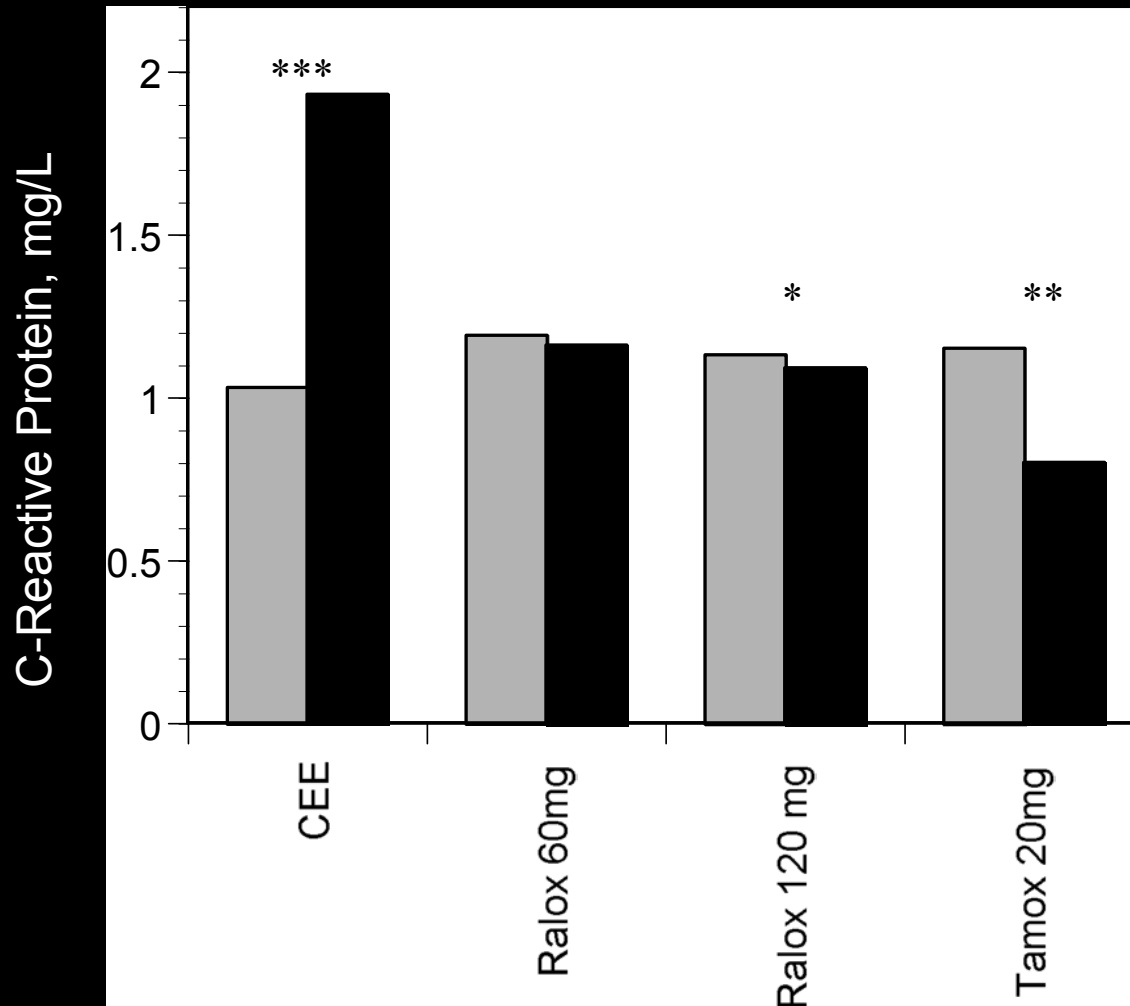
## Factor VIII, % normal



## ICAM-1, ng/mL



# Comparative Effects of Different HRT on CRP



**CEE** (0.625 mg + 2.5 mg MPA):  
Cushman, M., et al., *Circulation*,  
1999. **100**(7): p. 717-22

**Raloxifene**: Walsh, B.W., et al., *J  
Clin Endocrinol Metab*, 2000. **85**(1):  
p. 214-8

**Tamoxifen**: Cushman, M., et al.,  
*Arterioscler Thromb Vasc Biol*,  
2001. **21**: p. 255-261.

**Also:**

**Low-dose** and/or **patch-delivered**  
**Estrogen** does not appear to  
raise CRP levels

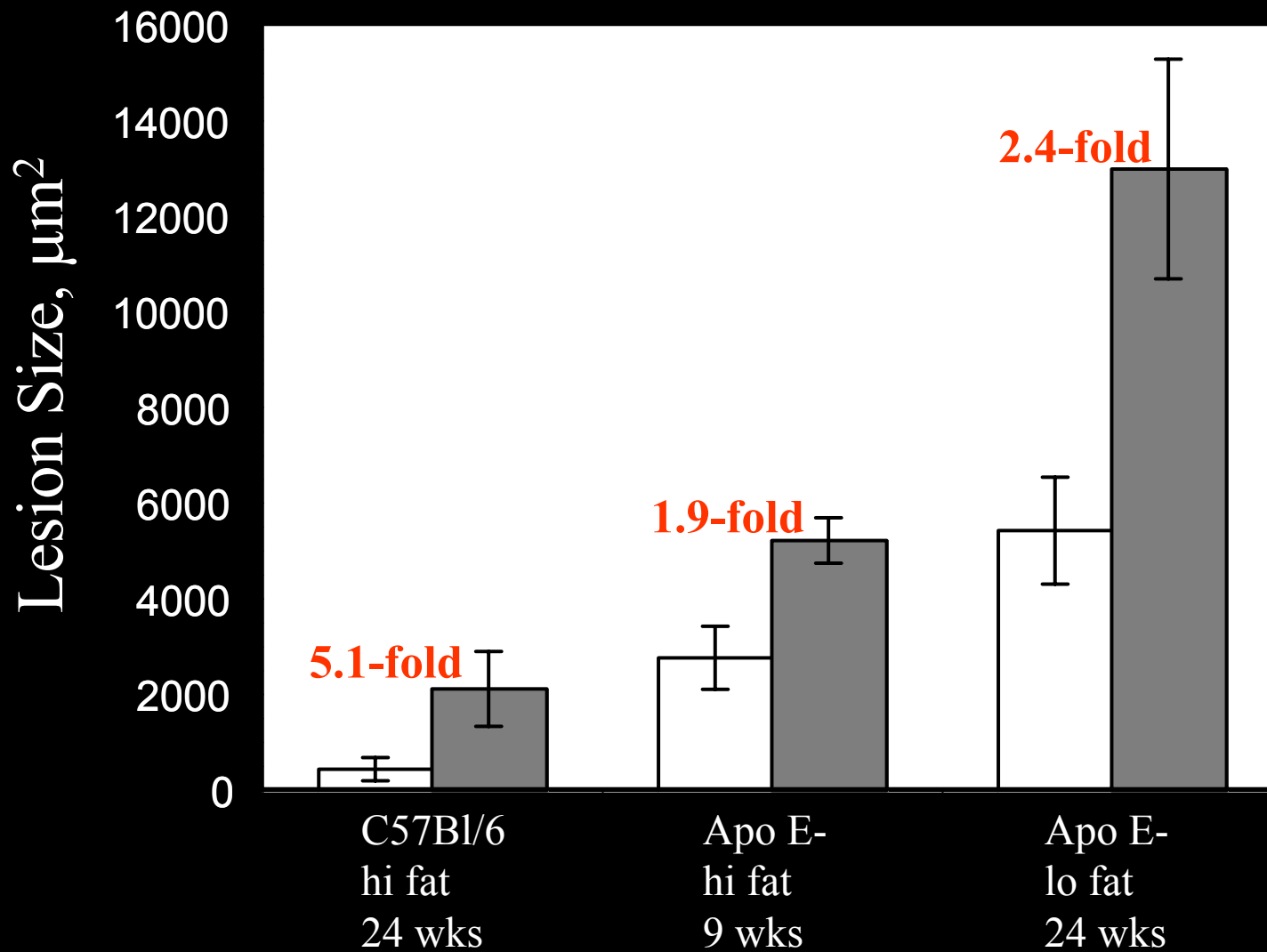
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Association of Markers of  
Inflammation  
With CVD Risk:

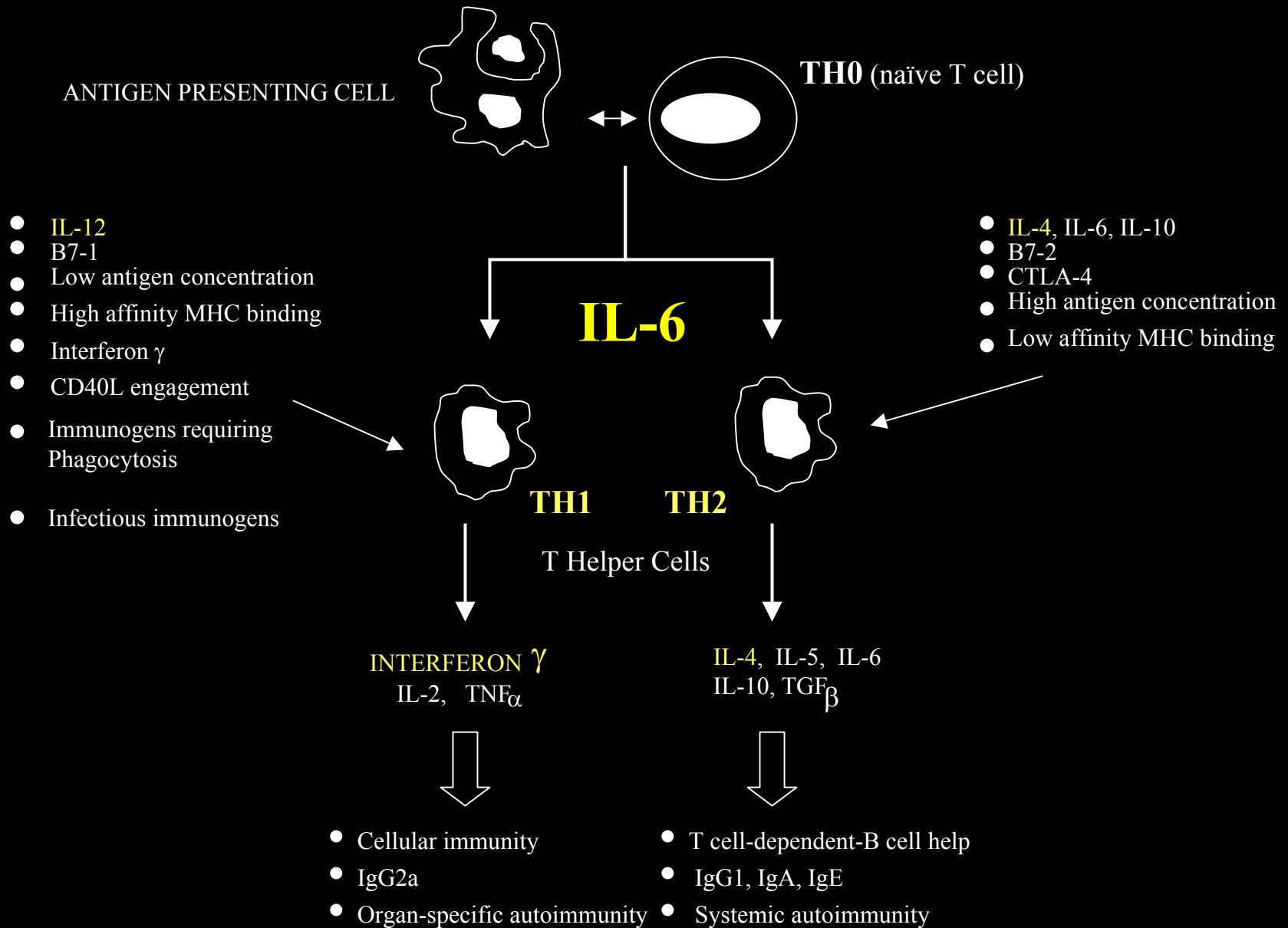
The Many Dimensions of Inflammation  
One Dimension – Immune Response



# Effect of weekly injections of IL-6 on Murine Atherosclerosis

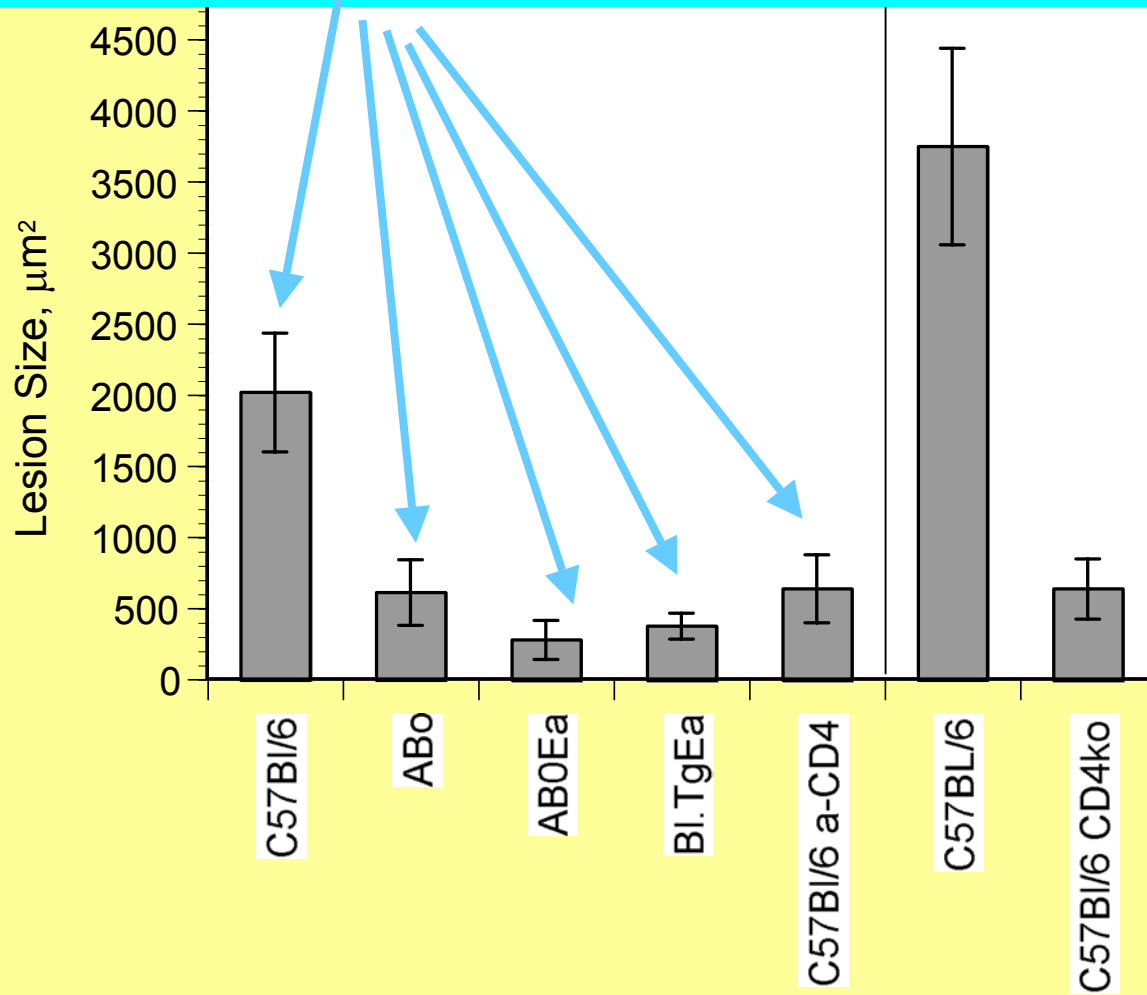


# One Possible Role Of IL-6 In Atherosclerosis



# Th1 Cells Promote Murine Atherosclerosis; Th2 Cells Inhibit It

Th1-producing mice have much more atherosclerosis than those that are not strong Th1 producers



# Association of Immune Function With CVD Risk:

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In preliminary studies, Th1 production in humans is a stable phenotype over time, and shows some degree of association with markers of inflammation and other variables

## Hypothesis:

Th1 cell count, and/or % of lymphocytes, will be related to degree of atherosclerosis as estimated by carotid ultrasound, ankle-brachial blood pressure index or other measures