

# **A Novel Family-based Intervention Trial to Improve Heart Health (FIT Heart): Results of a Randomized Controlled Trial:**

## **Discussant**

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# Presenter Disclosure Information

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**Discussant** C. Noel Bairey Merz MD, FACC, FAHA  
The Heart Institute, Cedars-Sinai Medical Center

## DISCLOSURE INFORMATION:

The following relationships exist related to this presentation:  
Consulting Novartis, Bayer, Pfizer, NHLBI

# A Novel Family-based Intervention Trial to Improve Heart Health (FIT Heart): Results of a Randomized Controlled Trial: Discussant

## A real world trial. What went right?

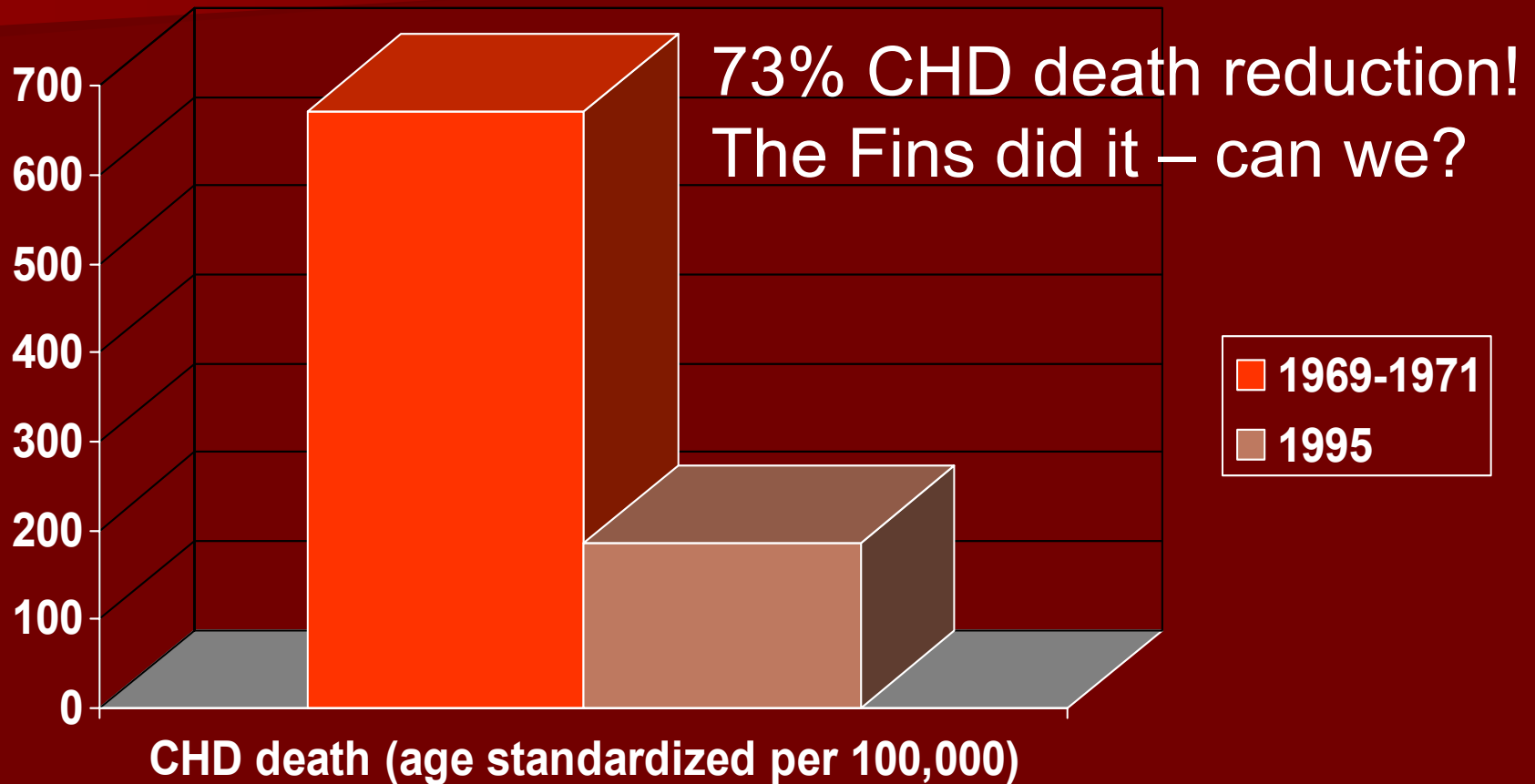
- Good primary prevention lifestyle trial recruitment and retention – an example of our much needed **Translation to Practice** investigation (Claude Lenfant would be proud).
- High (70%) representation of women – we can no longer **Blame the Victim** for our absence of women in CVD trials (Call Lori Mosca for her methods).
- Both groups improved – the **Woody Allen lesson** (*Question: How many psychiatrists does it take to change a lightbulb? Answer: None, the lightbulb has to want to change.*) supports the use of teachable moments, similar to the successful post MI smoking cessation and secondary prevention lipid, HTN, ASA clinical trials.

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### But a negative trial – what have we learned?

- Both groups had little change – Horse Whisperer lesson.  
*Question: How do you train wild horses (and teenagers)?*  
*Answer: You make the correct choices easy and the wrong choices hard.*
- **LESSON 1** – The environment is critical when impacting basic behaviors such as eating, smoking and physical activity levels because individual willpower in a wild environment (even with coaching) will be insufficient on average. Interventions must simultaneously focus on the environment.
- Minimal group differences – the Talk is Cheap lesson.  
**LESSON 2** – Knowledge alone is inadequate for measurable risk factor change. Interventions of screening and intensified risk factor management make a measurable difference in integrated healthcare systems. (Barack Obama must work on this).

# Community-Based Intervention of Societal Environmental, Behavioral and Primary Care Risk Factor Screening and Rx Treatment in North Karelia, Finland



Puska P. Vartiainen E. Tuomilehto J. Salomaa V. Nissinen A. Changes in premature deaths in Finland: successful long-term prevention of cardiovascular diseases. *Bulletin of the World Health Organization*. 76(4):419-25, 1998.

# LESSON 3 - The Emperor Has No Clothes

## NCEP TLC Nutrition Intervention for Reducing Dietary Sat Fat and Cholesterol is Not a Valid Strategy (and never was)

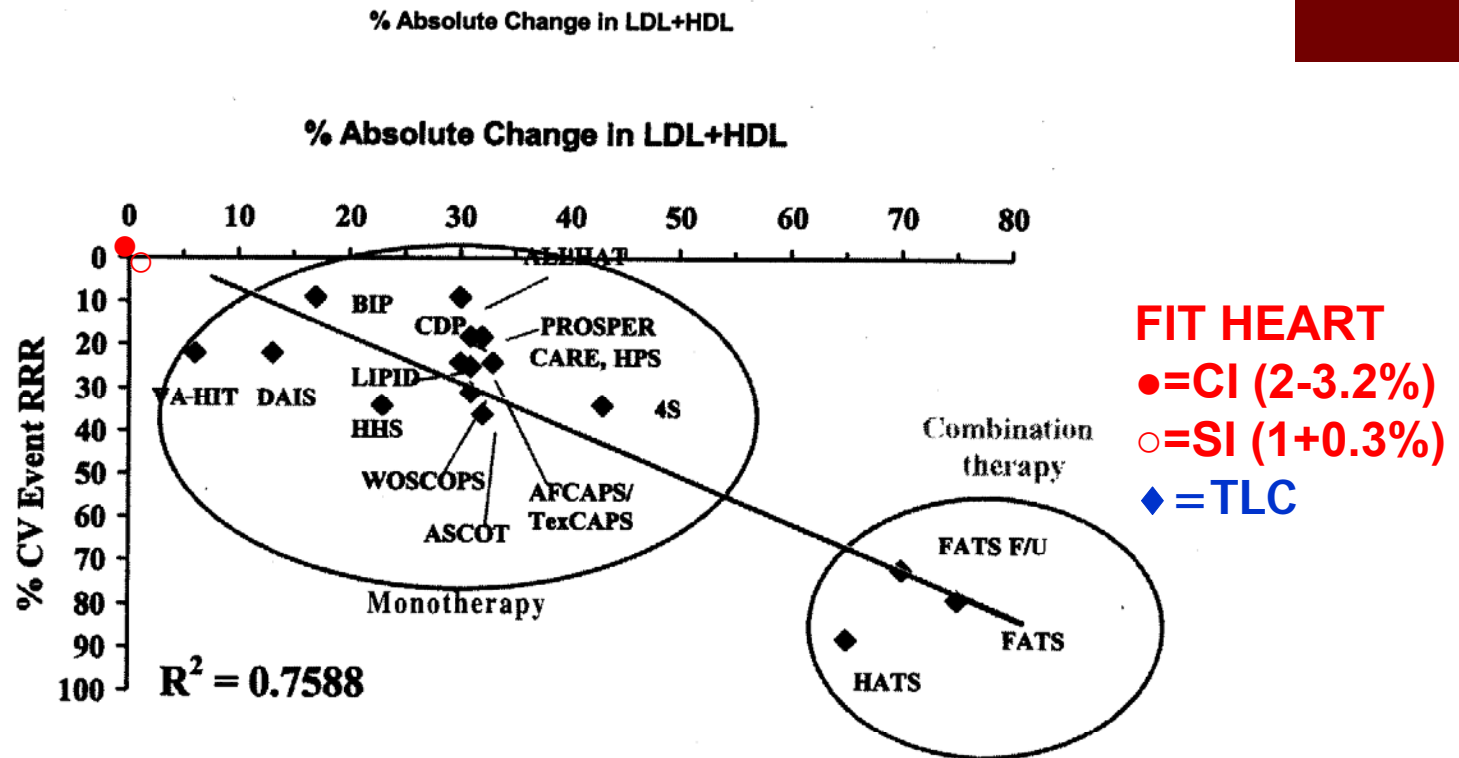


Figure 7. Additive effect of low-density lipoprotein (LDL) and high-density lipoprotein (HDL) cholesterol on events. AFCAPS/TexCAPS = Air Force Texas Coronary Atherosclerosis Prevention Study; ALLHAT = Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial; ASCOT = Anglo-Scandinavian Cardiac Outcomes Trial; BIP = Bezafibrate Infarction Prevention study; CARE = Cholesterol and Recurrent Events trial; CDP = Coronary Drug Project; CV = cardiovascular; DAIS = Diabetes Atherosclerosis Intervention Study; FATS = Familial Atherosclerosis Treatment Study; F/U = follow up; HATS = HDL-Atherosclerosis Treatment Study; HHS = Helsinki Heart Study; HPS = Heart Protection Study; LIPID = Long-Term Intervention with Pravastatin in Ischemic Disease trial; PROSPER = Prospective Study of Pravastatin in the Elderly at Risk; 4S = Scandinavian Simvastatin Survival Study; VA-HIT = Veterans Affairs High-Density Lipoprotein Cholesterol Intervention Trial; WOSCOPS = West of Scotland Coronary Prevention Study.

# What nutrition intervention should be tested? Dietary fat quality is likely more important than the quantity.

This strategy should be tested in the USA preferably in primary prevention setting. A real world modified DASH trial might make sense.

## Efficacy of dietary modification in reducing mortality from coronary heart disease

Study	Modification	Effect on Mortality
Finnish Mental Hospital Study <sup>29</sup>	Replacement of fat with polyunsaturated fat	↓ 53% in men and ↓ 34% in women over 6 years
Lyon Diet Heart Study <sup>30</sup>	Low saturated fat and high alpha-linoleic acid diet	↓ 65% over 4 years
DART <sup>31</sup>	Supplementation with fish oil (1-2 g/day)	↓ 33%
GISSI <sup>32</sup>	Supplementation with fish oil (1-2 g/day)	↓ 17%

DART = Diet and Reinfarction Trial; GISSI = Gruppo Italiano per lo Studio della Sopravvivenza nell'Infarto miocardico.  
Sources: Turpeinen O. Circulation 1979;59:1; de Longeril M, et al. Circulation 1999;59:779; Burr ML, et al. Lancet 1989;2:757; GISSI trial investigators. Lancet 1999;354:447.