



Physician's Health Study II - PHS II

Randomized Factorial Trial of Vit E & C in CVD Prevention & Mortality in Men

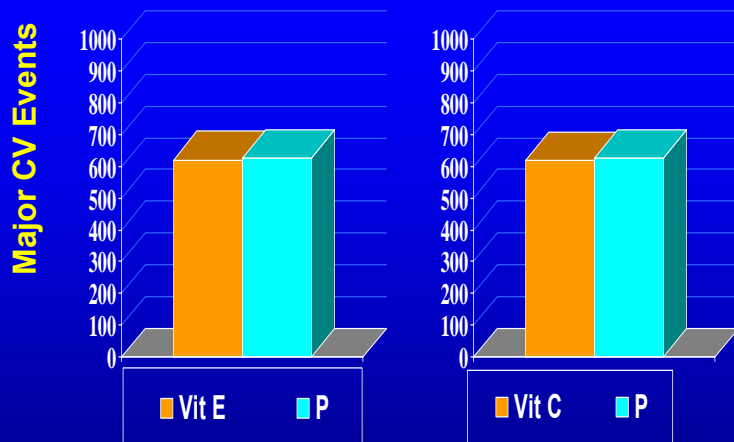
BACKGROUND: Secondary prevention trials of Vit E have showed reduction in CVD, while primary prevention trials have mostly been negative. Evidence of long-term trials on Vit C alone is limited.

PURPOSE: To determine the long term effects (mean 8 yr) of Vits E (400 IU QOD)& C (500 mg QD) intake on the risk of CVD. **DESIGN:** Randomized, double-blind, placebo-controlled trial of 14,641 U.S. Male MDs initially aged ≥ 50 yrs.

Primary Endpoints:

Major CV Events: nonfatal MI, nonfatal stroke, fatal CVD

Comparison of Major Cardiovascular Events



Results – Vitamin E vs Placebo

Major CV Events

620 (Vit E) vs 625 (P) [HR (95% CI) 1.01 (0.90 – 1.13), p= 0.96]

Total Mortality

841 (Vit E) vs 820 (P) [HR (95% CI) 1.07 (0.97 – 1.18), NS]

Results – Vitamin C vs Placebo

Major CV Events

619 (Vit C) vs 626 (P) [HR (95% CI) 0.99 (0.89 – 1.11), p = 0.84]

Total Mortality

857 (Vit C) vs 804 (P) [HR (95% CI) 1.07 (0.97 – 1.18), NS]

Conclusion: No compelling evidence was found that either individual vitamin E or vitamin C reduces the risk of CVD.