

**HEARD BY THE EDITORS**

**ew drug reduces recurrence of infection,** we hear from Thomas Louie, MD. New study: Among 629 patients with *Clostridium difficile* infection, which can cause symptoms ranging from mild diarrhea to life-threatening colitis, the new antibiotic *fidaxomicin* (Dificid) was just as effective as *vancomycin* (Vancocin), the only FDA-approved treatment for the infection. However, recurrence rates were 45% lower in the fidaxomicin group because it seems to work without killing beneficial flora in the gut that fight the infection's return. Fidaxomicin should be available later this year.

Thomas Louie, MD, professor of medicine, university of Calgary, Alberta, Canada.

**Shopping is good for your health** we hear from Yu-Hung Chang, PhD. New study: About 1,800 adults age 65 and older were asked how often they went shopping—with options ranging from "never" to "every day." Researchers found that those who shopped every day had a 27% lower risk for death than those who shopped less frequently. Daily shopping was especially beneficial for men—their mortality reduction was 28%, compared with 23% for women. Theory: Shopping, even window shopping, allows you to get out of the house, socialize and be physically active—factors believed to extend life.

Yu-Hung Chang, PhD, researches; Institute of Population Health Sciences, Taiwan.

**Osteoporosis screening guidelines are updated,** we hear from Heidi D. Nelson, MD, MPH. In 2002, the US Preventive Services Task Force recommended osteoporosis screening for all women starting at age 65, and for women at increased risk (due to such factors as family history, low body weight and/or use of drugs including corticosteroids) starting at age 60. Updated advice: The task force advises that women at increased osteoporosis risk receive bone density tests beginning at age 50 to prevent fractures. These recommendations do not advise screening for men—though National Osteoporosis Foundation recommendations do, starting at age 70.

Heidi D. Nelson, MD, MPH, professor of medical informatics and clinical epidemiology, Oregon Health & Science University, Portland.

**Ronald M. Krauss, MD**  
Children's Hospital Oakland Research Institute

# Heart Attack Vvths

What's true—and what's not true—about fat and cholesterol.



**F**or years, we have been told that high cholesterol causes heart attacks. But that is a dangerous oversimplification.

**What most people don't know:** Nearly 50% of heart attack patients who are tested for cholesterol turn out to have normal levels, according to data from the large Framingham Heart study.

What's true—and 'what's not—about cholesterol and heart attack risk...

**MYTH 1: LDL cholesterol is always bad.** This type of cholesterol is often referred to simply as "bad" cholesterol. But we now know that LDL cholesterol isn't a single entity. Scientists have identified seven different subtypes, and there are probably more. Some forms of LDL do contribute much more to atherosclerosis and heart attacks—others are not as harmful.

Yet the standard cholesterol tests don't make this distinction. A patient with high LDL is assumed to have an elevated risk for heart disease and probably will be treated with a cholesterol-lowering statin drug, even though his/her LDL might consist primarily of one of the less harmful forms.

**Fact:** Some LDL subtypes are large and buoyant—and less likely to cause heart disease than others that are small and dense. Small forms are most likely to settle into artery walls and cause inflam-

mation and atherosclerosis, increasing risk for a heart attack.

**Example:** A person with high levels of Lp (a), an extremely dense form of LDL,

is up to three times more likely to develop heart disease or have a heart attack than someone with lower levels, even when the total LDL is the same in both people.

**Implication:** Newer, expanded cholesterol tests that measure individual types of LDL particles may prove to be more useful than standard cholesterol tests. Lp (a) screening is not yet widely used—ask your doctor whether you should have it. Some insurers cover the cost of this test.

**MYTH 2: High cholesterol numbers mean high risk.** Depending on an individual's risks and other factors, optimal cholesterol is roughly defined as having a total number below 200 mg/dL...LDL below 100 mg/dL...and HDL, the so-called "good" cholesterol, greater than 40 mg/dL for men and 50 mg/dL for women.

**Fact:** The standard test numbers may matter less than experts

*Bottom Line/Health* interviewed Ronald M. Krauss, MD, senior scientist and director of atherosclerosis research at Children's Hospital Oakland Research Institute. He is an adjunct professor in the department of medicine at the University of California, San Francisco, and in the department of nutritional sciences at the University of California, Berkeley. He is a member of one of the US National Cholesterol Education Program's expert panels, and founder and past chair of the American Heart Association's Council on Nutrition, Physical Activity and Metabolism.



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