



The Atherosclerosis Risk in Communities (ARIC) Study

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Confirming Medical Events

Physicians in your community play important roles that are very helpful to ARIC. Based on what you tell us during phone calls and clinic visits, and with your permission, ARIC staff obtains information to confirm some of the medical conditions you reported. When you mention during a phone interview that you have been told by a physician that you have heart failure or congestive heart failure, we ask for your permission to contact your physician to get some additional detail about his/her diagnosis. This is very important to give researchers the highest level of confidence in the data that will be analyzed to study risk factors and consequences of disease. ARIC results are only reported for large groups, never for individual participants, their

physicians or hospitals. However, the group data are valid precisely because you and your physician have allowed us to carefully check each report and detail.



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The 5th Examination of the ARIC Cohort

Dear ARIC Study Participant,

This issue of the Newsletter will update you on the *fifth examination of the ARIC cohort*, which is in full swing. We will also review the *results of your ARIC examination*, which we share with your physician if you have agreed to let us do so. Because all the study results we return are intended for review – and follow-up if necessary – by your provider of medical care, on this occasion we are sending a copy of this newsletter to all the physicians listed by ARIC study participants in each of the ARIC study communities. The names of the ARIC participants are not identified, of course.

We are glad to report that ARIC's Visit 5 examination is progressing very well. And importantly, we are happy to note that the ARIC participants are pleased by this exam. Although the exam visit is quite full of examination procedures, interviews and measurements, we are told by those of you who already had their 5th examination that you found the visit to be interesting and pleasant.

As in previous exams, in Visit 5 ARIC participants contribute their time, answer many interview questions, and help us conduct a number of measurements on them that result in new science and progress in the understanding of heart and lung disease, memory, and successful aging. By the end of April 2012 about half of the

ARIC study cohort had been contacted, and 5,035 had already agreed to participate (81 percent of those contacted). This contact occurs at the time of the yearly ARIC phone call. Following an appointment lottery system to help spread out the exam visits over two years, the study personnel invite the ARIC participant for the exam and a convenient appointment time is then selected. All ARIC study participants will be invited to their Visit 5, which will continue through June 2013.

If you have reason not to wait until you are called in order to schedule your Exam Visit, feel free to contact your ARIC field center using the phone number or email address shown on the reverse of this newsletter, to set up a time for your visit. You have options about participating. If you live in the area but would find it difficult to come to the ARIC field center for your exam, the ARIC staff is trained to conduct brief exams in the home. The study personnel will be glad to visit you at your



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home (or where you are living) to make it possible for you to participate. If you need assistance in making a decision about participating, please consult with a family member or trusted friend, and then contact your ARIC center. All results of the ARIC exam that are of medical value are reported to the participants and their physicians, as described in this newsletter.

Many thanks to those of you who already completed your ARIC Visit 5 examination! Please share your feedback and comments with us. We look forward to seeing the rest of the ARIC participants as Visit 5 continues.

Returning Study Results to the ARIC Participants and their Physicians

Over the course of the ARIC study the community physicians have received many letters giving the results of your participation in the ARIC exams. That is now happening again, as ARIC cohort members complete their 5th exam visit. This ARIC examination includes many tests that can be of interest to your physician, ranging from a panel of your blood tests, an ECG and a test of your lung function, to an echocardiogram and a scan to detect enlargement of the aorta in the abdomen.

These test results are pro-



cessed at specialized research laboratories – which takes longer than when your doctor orders such a test – and the results are reported back to you, and with your permission to your physician. If a result is detected that requires urgent attention it is reported as soon as the test is read, and



followed up by telephone. Results that carry no urgency are assembled into a summary report that is mailed approximately 8-10 weeks after your ARIC exam.

These reports from ARIC include many results and much information. Each result comes with an explanation, but it is important to keep in mind that these results are intended for review with your provider of health care. Your physician is best able to tell you what these test results mean, individually and considered together. Since ARIC is a research study we do not make clinical diagnoses, or provide treatment. We are grateful to the community physicians for their willingness to receive and interpret those results for you as needed.

Science Update

ARIC participants often ask us *What new information has ARIC found in its research?*, which is a question we are happy to hear from so many of you. Because of this, each newsletter highlights some publications based on the information you have contributed over the years. During its 25 years of research ARIC has published over 1,000 scientific articles (see ARIC participant website at <http://aricnews.net> for a publication list). Some of the most important ARIC findings have been that:

- First heart attacks and deaths from coronary heart disease have steadily declined in the ARIC communities,
- Both African Americans and Whites in ARIC benefit by avoiding or controlling the major risk factors that lead to cardiovascular disease (mainly high blood pressure, high cholesterol, smoking, diabetes, and lack of physical activity), and
- Genetic markers of cardiovascular risk are being increasingly identified, but so far only modestly pinpoint which groups will develop heart disease or stroke.

At the March 2012 meeting of the American Heart Association, ARIC researchers presented 20 reports of new findings. For example, we reported that:

- Even modest levels of physical activity can reduce coronary heart disease risk, equally in African Americans as Whites,
- Participants with a heart rhythm disorder called atrial fibrillation die sooner, so it is important to

be under a doctor's care, and

- Maintaining good kidney function reduces one's risk of heart disease. (The biggest contributors to decline in a healthy kidney function are high blood pressure and diabetes.)

An internet link to an ARIC finding from last Fall, on how blood pressure change upon rising relates to risk of heart failure can be found at: <http://newsroom.heart.org/pr/aha/sudden-blood-pressure-drop-with-230541.aspx>

Based on 15 years of follow-up of the cohort the ARIC investigators recently developed calculators that measure a person's risk of developing heart failure. These tools are now available on the public website of the ARIC study, where similar tools developed in ARIC already are available to calculate one's risk of developing diabetes, coronary heart diseases, or stroke. The ARIC participants, physicians and the public can access these calculators at <http://aricnews.net> (click on **Calculate your Risk**).

By using these simple calculators, each person can observe the impact of avoiding or modifying risk factors such high blood pressure, high cholesterol, smoking, diabetes, and lack of physical activity. Making changes to one's life style and working with a health practitioner to bring risk factors under control can change the risk of developing these health conditions, as can be seen with these calculators.

As we finish ARIC Visit 5 over the next year, look for new findings from ARIC in the news.

