

## Background

- Heart disease is the leading cause of death for **both** men and women in the United States.<sup>1</sup>
- About 610,000 people die from heart disease in the United States every year – **that's 1 in every 4 deaths**.<sup>1</sup>
- High blood pressure, high LDL cholesterol, and smoking are key risk factors for heart disease. About **half of Americans** (49%) have at least one of these three risk factors.<sup>2</sup>
- Someone in the United States dies from a heart disease-related event **every minute**.<sup>3</sup>
- In the United States, someone has a heart attack **every 43 seconds**.<sup>3</sup>

## Objectives

### In this study we examined:

- how environmental, health, social, behavioral, and genetic factors interact to contribute to heart attack risk
- whether heart attack risk factors are different between genders
- whether heart attack risk factors change over a person's lifetime
- what factors may reduce a person's risk of heart attack

## Methods

- This study examined possible risk factors for heart attack using data collected by the Wisconsin Longitudinal Study (WLS), a 58-year-long survey study on the lives of 10,317 Wisconsin high-school graduates.
- 235 environmental, health, and socio-behavioral variables and 77 single-nucleotide polymorphisms (SNPs) were analyzed with heart attack data for 6,198 WLS graduate respondents (2,938 men and 3,260 women).
- Data was analyzed for those having a heart attack up to 72 years of age and for those experiencing a heart attack between 65-72 years of age. This allowed us to determine whether risk factors change over a person's lifetime, and which factors are most important in younger versus older individuals.
- SNPs are genetic variations that occur in a single nucleotide location in DNA. On average there are about 10 million SNPs in the human genome. Studies have shown that specific SNPs may be linked to heart attacks<sup>4,5</sup>, but there is no consensus about which gene(s) are most predictive.
- Statistical analyses included exploring multi-factor interactions using recursive partitioning and random forest, and single-factor effects using Chi-square and logistic regression, with the 'R' online statistical software package.<sup>6</sup>

## Results

- Heart attack rates are higher for men than for women in the WLS.
- Heart attack rates are higher than the national average for men and women in the WLS up to age 72, but are lower among those aged 65-72 years.
- Among men to age 72: **high cholesterol, diabetes, stroke, high blood pressure, family history and exposure to dangerous conditions at work** were the highest risk factors for heart attack (Table 1a).
- Among men aged 65-72: **only stroke and diabetes** remained as heart attack risks (Table 1b).
- Among women to age 72: **diabetes, dissatisfaction with financial situation, high blood pressure, high cholesterol, not creating a lifestyle to one's liking, being unmarried, and no physical activity** were the highest risk factors for heart attack (Table 2a).
- Among women aged 65-72: **diabetes, exposure to dangerous work conditions, and being post-menopausal by 53** remained as top heart attack risks (Table 2b).
- Interactions among heart attack risk factors increased risk up to 50% in men (Figure 1), and reduced risk to near 0% in men and women, even when other "known" risk factors were present (Figures 1 & 2).
- The genetic factors examined in this study were secondary to the environmental factors in terms of predictability of a heart attack.

## Results

**Table 1:** Heart attack risk factors found significant by at least 3 of the 4 statistical analyses employed by this study, listing the 'overall' risks for males a) who ever experienced a heart attack by 72 years of age, and b) who experienced a heart attack between 65-72 years of age.

Heart Attack Risk Factor Description (Age at Survey Year)	Random Forest Important Variables	Logistic Regression Odds Ratio (95% Confidence Interval)	Chi-Square (adjusted p-value)	Recursive Partitioning (Tree Nodes)
<b>Table 1a: Males, 'Heart Attack by 72 Years of Age'</b>				
Have High Cholesterol (65 Years)	Yes	3.29 (2.59-4.18)***	<0.0001 <sup>c</sup>	Present
Have High Cholesterol (72 Years)	Yes	3.32 (2.50-4.42)***	<0.0001 <sup>c</sup>	Present
Have Diabetes (65 Years)	Yes	3.24 (2.53-4.15)***	<0.0001 <sup>c</sup>	Present
Have Diabetes (72 Years)	Yes	2.26 (1.78-2.88)***	<0.0001 <sup>c</sup>	
Had a Stroke (65 Years)	Yes	5.01 (3.36-7.48)***	<0.0001 <sup>c</sup>	
Have High Blood Pressure (72 Years)	Yes	2.16 (1.67-2.79)***	<0.0001 <sup>c</sup>	
Have High Blood Pressure (65 Years)		2.39 (1.92-2.96)***	<0.0001 <sup>c</sup>	Present
Parent or Sibling had a Heart Attack before age 55 (65 Years)		1.89 (1.43-2.49)***	<0.0001 <sup>c</sup>	Present
Exposed to Dangerous Conditions at Work (65 Years)		1.41 (1.11-1.79)**	0.0080 <sup>c</sup>	Present
<b>Table 1b: Males, 'Heart Attack Between 65-72 Years of Age'</b>				
Had a Stroke (65 Years)	Yes	4.08 (2.17-7.65)***	0.0002 <sup>f</sup>	
Have Diabetes (65 Years)	Yes	2.71 (1.81-4.04)***	<0.0001 <sup>c</sup>	

C=Chi-square test; F=Fisher's Exact test; Significance codes: 0 '\*\*\*' 0.001 '\*\*' 0.01 '\*' 0.05 '.' 0.1 '.' 1.

**Table 2:** Heart attack risk factors found significant by at least 3 of the 4 statistical analyses employed by this study, listing the 'overall' risks for females a) who ever experienced a heart attack by 72 years of age, and b) who experienced a heart attack between 65-72 years of age.

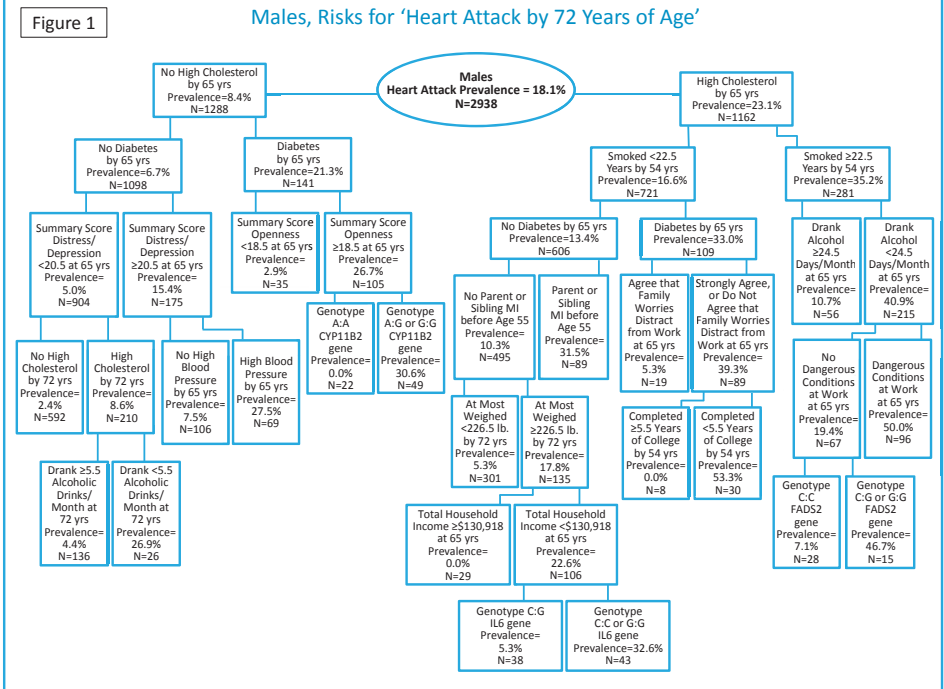
Heart Attack Risk Factor Description (Age at Survey Year)	Random Forest Important Variables	Logistic Regression Odds Ratio (95% Confidence Interval)	Chi-Square (adjusted p-value)	Recursive Partitioning (Tree Nodes)
<b>Table 2a: Females, 'Heart Attack by 72 Years of Age'</b>				
Have Diabetes (65 Years)	Yes	5.62 (4.08-7.75)***	<0.0001 <sup>c</sup>	Present
Have Diabetes (54 Years)	Yes	6.93 (4.18-11.49)***	<0.0001 <sup>c</sup>	
Have Diabetes (72 Years)	Yes	4.24 (3.04-5.91)***	<0.0001 <sup>c</sup>	
(Not at All) Satisfied with Financial Situation (72 Years) <sup>‡</sup>	Yes	4.00 (1.94-8.27)***	0.0002 <sup>f</sup>	
(Somewhat) Satisfied with Financial Situation (72 Years) <sup>‡</sup>		2.02 (1.31-3.12)**	--	
Have High Blood Pressure (72 Years)	Yes	3.37 (2.23-5.09)***	<0.0001 <sup>c</sup>	
Have High Cholesterol (72 Years)	Yes	2.03 (1.38-3.00)***	0.0007 <sup>c</sup>	
Agree (Slightly) that You Created Lifestyle to Your Liking (72 Years)	Yes	1.67 (1.00-2.78)*	0.0253 <sup>f</sup>	
Not Married (72 Years)	Yes	1.59 (1.16-2.18)**	0.0070 <sup>c</sup>	
(Often Engaged in) Vigorous Physical Activity Alone 5 Years Ago (72 Years)	Yes	0.53 (0.32-0.89)*	0.0330 <sup>c</sup>	
Have High Blood Pressure (65 Years)		3.21 (2.34-4.39)***	<0.0001 <sup>c</sup>	Present
(Often Engaged in) Light Physical Activity with Others 5 Years Ago (72 Years)		0.34 (0.21-0.57)***	0.0002 <sup>c</sup>	Present
<b>Table 2b: Females, 'Heart Attack Between 65-72 Years of Age'</b>				
Have Diabetes (65 Years)	Yes	4.25 (2.50-7.24)***	<0.0001 <sup>c</sup>	Present
Exposed to Dangerous Conditions at Work (54 Years)	Yes	2.24 (1.36-3.69)**	0.0030 <sup>c</sup>	
Had Menstrual Period in last 12 Months (54 Years)		0.46 (0.23-0.91)*	0.0324 <sup>c</sup>	Present

<sup>‡</sup> = Multiple Coefficients Found Significant for this Variable using Logistic Regression; C=Chi-square test; F=Fisher's Exact test; Significance codes: 0 '\*\*\*' 0.001 '\*\*' 0.01 '\*' 0.05 '.' 0.1 '.' 1.

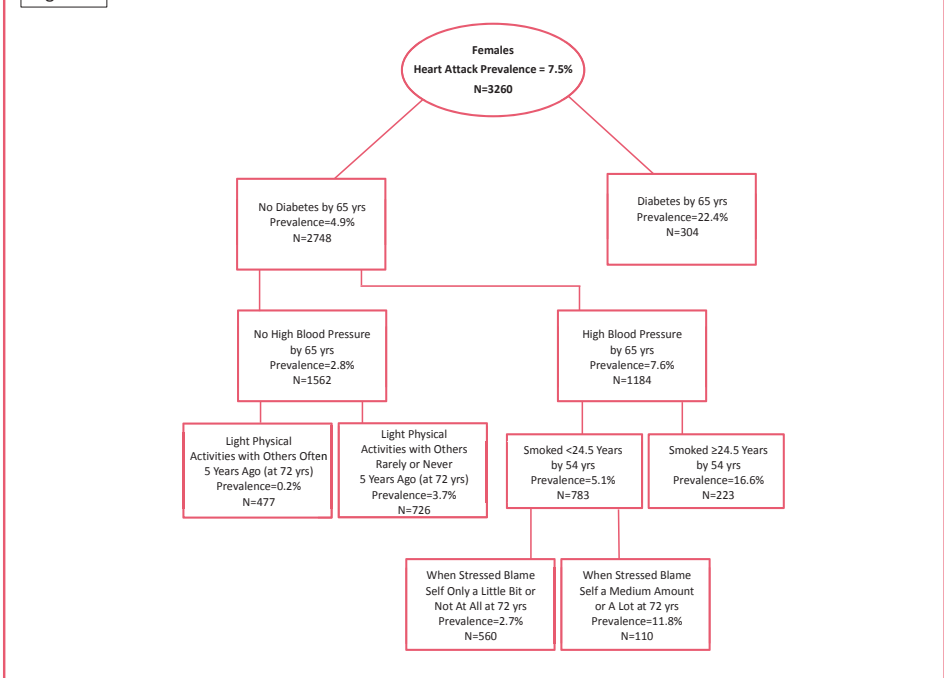
## Discussion

- Although there are shared risk factors between men and women, there are also key differences in heart attack risk factors between the genders.
- Heart attack risk factors become less predictive and change with age in both genders (Tables 1 & 2).
- For most of the factors identified, exposure time had a large effect on overall heart attack risk (Tables 1 & 2).
- Interactions among factors greatly affects one's risk of heart attack, therefore it is essential to consider these interactions when predicting heart attack risk.
- New heart attack risk factors identified included exposure to dangerous working conditions, for both men and women, and having created a lifestyle to one's liking in women.
- Factors that lowered heart attack risk included physical activity for women (when about 67 years old) and still having her menstrual period at 53 years of age.

## Results



**Figure 2:** Females, Risks for 'Heart Attack by 72 Years of Age'



## References

- Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention, Heart Disease Fact Sheet. Accessed at [http://www.cdc.gov/dnpsd/data\\_statistics/fact\\_sheets/fs\\_heart\\_disease.htm](http://www.cdc.gov/dnpsd/data_statistics/fact_sheets/fs_heart_disease.htm) on August 6, 2015.
- CDC. Million Hearts™: strategies to reduce the prevalence of leading cardiovascular disease risk factors. United States, 2011. MMWR2011.60(36):1248-51.
- Mozzaffarian D, Benjamin EJ, Go AS, et al. on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart Disease and Stroke Statistics – 2015 Update: a report from the American Heart Association. *Circulation*. 2015;131:e29-e322.
- Myocardial Infarction Genetics Consortium, Kathiresan S, Voight BF, et al. Genome-wide association of early-onset myocardial infarction with single nucleotide polymorphisms and copy number variants. *Nature Genetics*. 2009;41(3).
- Erdmann J, Grosshennig A, Braund PS, et al. New susceptibility locus for coronary artery disease on chromosome 3q22.3. *Nature Genetics*. 2009;41(3).
- R Development Core Team. R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. ISBN 3-900051-07-0. URL: <http://www.R-project.org>.

## Acknowledgements

This research uses data from the Wisconsin Longitudinal Study (WLS) of the University of Wisconsin-Madison. Since 1991, the WLS has been supported principally by the National Institute on Aging (AG-9775 AG-21079 and AG-033285), with additional support from the Vilas Estate Trust, the National Science Foundation, the Spencer Foundation, and the Graduate School of the University of Wisconsin-Madison. A public use file of data from the Wisconsin Longitudinal Study is available from the Wisconsin Longitudinal Study, University of Wisconsin-Madison, 1180 Observatory Drive, Madison, Wisconsin 53706 and at <http://www.ssc.wisc.edu/wlsresearch/data/>. This material is the result of work supported with resources at the William S. Middleton Memorial Veterans Hospital, Madison, WI.