

University of Manchester, United Kingdom. His analysis consisted of 3037 subjects who were followed for more than 8 years. Out of this group, 24% had metabolic syndrome.

A multivariate model was performed using CRP levels and the 5 features of metabolic syndrome—central adiposity, hypertriglyceridemia, a low level of high-density lipoprotein cholesterol, hypertension, and fasting blood glucose levels of ≥ 110 mg/dL. The CRP level increased with each component of metabolic syn-

drome: those with no traits of metabolic syndrome had a mean CRP level of 0.3 mg/L; those with 4 or 5 traits had a mean CRP level of 4.1 mg/L.

Furthermore, participants with the greatest number of metabolic syndrome characteristics were 1.8 times as likely to have a CVD event compared with subjects with the fewest number of metabolic syndrome characteristics. Similarly, in participants with the highest CRP levels, the risk of CVD was almost twice as high as those with the lowest CRP levels.

Higher CRP levels in women compared with men with metabolic syndrome may help to explain the greater increase in CVD risk in women with metabolic syndrome or diabetes, said Dr Rutter.

CRP and metabolic syndrome were both independent risk factors for CVD in this study. "Future research should establish if CVD risk prediction for individual patients is improved using both variables compared with using either variable independently," he said. ■

ROSUVASTATIN MONOTHERAPY IMPROVES LIPID PROFILE IN COMBINED DYSLIPIDEMIA

NEW ORLEANS—Rosuvastatin appears to provide an effective pharmacologic approach as monotherapy or initial therapy for the treatment of combined dyslipidemia, said Fahim Abbasi, MD, in a poster presentation at the 53rd Annual Scientific Session of the American College of Cardiology.

Whether therapy for combined dyslipidemia should be started with a statin or fibric acid derivative is still uncertain, said Dr Abbasi. Moreover, using these classes in combination to lower elevated plasma concentrations of both triglycerides and low-density lipoprotein (LDL) cholesterol in patients with combined dyslipidemia is associated with an increased likelihood of myopathy.

Dr Abbasi and colleagues compared the effects of rosuvastatin and gemfibrozil in 39 patients without diabetes who had combined dyslipidemia, defined as a total cholesterol level >200 mg/dL and triglyc-

erides >200 but <600 mg/dL. To be eligible, patients had to have a body mass index <35 kg/m². After a 6-week dietary lead-in, the patients were randomized to treatment with rosuvastatin, 40 mg/day, or gemfibrozil, 1200 mg/day, for 12 weeks.

Treatment with rosuvastatin or gemfibrozil led to significant decreases in daylong plasma triglyceride concentrations ($P < .001$ for both groups from baseline); the magnitude of the effects was not statistically different between the treatments. Remnant lipoprotein cholesterol decreased in both treatment groups, but the magnitude of the change was greater in the rosuvastatin-treated patients ($P < .05$).

Fasting triglycerides decreased significantly from 324 to 211 mg/dL with rosuvastatin and from 284 to 166 mg/dL with gemfibrozil ($P < .001$ for both groups from baseline), with no significant difference in the changes between the 2 groups.

High-density lipoprotein cholesterol concentration increased significantly with gemfibrozil ($P < .001$) but not following rosuvastatin treatment. LDL cholesterol decreased from about 150 mg/dL at baseline to almost 50 mg/dL at the end of the treatment period in the rosuvastatin group ($P < .001$), whereas gemfibrozil treatment resulted in no significant change in LDL cholesterol from baseline.

C-reactive protein levels were reduced significantly in the rosuvastatin group compared with the gemfibrozil group (-57.6% vs -9.1% , respectively; $P < .001$).

"Many manifestations of abnormal lipoprotein metabolism improved with both gemfibrozil and rosuvastatin treatment in patients without diabetes with combined dyslipidemia; however, the extent and the magnitude of improvement in the overall atherogenic lipid profile was greater in rosuvastatin-treated subjects," concluded Dr Abbasi. ■