"Studying A Study" Practice Activity

For each of the abstracts, below, concisely address each of the items *a* through *i* on your Studying-a-Study checklist.

Abstract #1: Self-reported morbidity and disability among Trappist and Benedictine Monks. Mackenbach JP, et al. *Am J Epidemiol* 1993; 138:569-73.

Studies of religious groups that impose prudent lifestyles on their members show low mortality rates in these groups, but it is unclear whether their morbidity rates are also low. The authors studied the prevalence of self-reported morbidity and disability among Trappist and Benedictine monks in the Netherlands. A health interview survey was administered in seven monasteries; the response rate was 67% (n = 134). Rates of morbidity and disability among monks were compared with those among all Dutch males by calculation of standardized morbidity ratios, adjusting for age and (in the case of morbidity) education. Self-reported morbidity among monks was similar to that in the general population (e.g., for one or more chronic conditions: standardized morbidity ratio = 1.07, 95% confidence interval 0.89 - 1.26), but rates of disability related to activities of daily living were much higher (e.g., for any trouble sitting down and getting up from a chair: standardized morbidity ratio = 2.21, 95% confidence interval 1.44 - 3.32). The authors hypothesize that a prudent lifestyle may prolong life, but at the expense of a higher prevalence of disability.

Abstract #2: Oral contraceptive estrogen dose and the risk of deep venous thromboembolic disease. Gerstman BB, et al. *Am J Epidemiol* 1991;133:32-7.

Despite the well-recognized association between oral contraceptives and deep venous thromboembolism, little is known about the risks associated with currently marketed formulations containing less than 50 μg of estrogen. To assess the venous thrombogenicity of low-estrogen oral contraceptives (those containing <50 μg of estrogen) relative to intermediate-dose (50 μg of estrogen) and high-dose (>50 μg of estrogen) formulations, we conducted a cohort study of oral contraceptive users between the ages of 15 and 44 years in the Michigan Medicaid population. The period of the study was from 1980 through the third quarter of 1986. A total of 2,739,400 oral contraceptive prescriptions received by 234,218 women were analyzed. Using the low-estrogen cohort as the referent group, the age and calendar period adjusted relative risk of venous thromboembolism in users of intermediate-dose formulations was 1.5 (95% confidence interval 1.02 - 2.1, p = 0.04), and the relative risk in users of high-dose formulations was 1.7 (95% CI 0.9 - 3.0, p = 0.06). These data provide evidence that the dose-response relation between oral contraceptive estrogen and venous thromboembolism extends from 50 to 30 μgof estrogen, the dose range of currently marketed formulation.

Abstract #3: A case-control study of baldness in relation to myocardial infarction in men. Lesko, et al. *JAMA* 1993;269:998-1003.

Objective.--To examine the relationship between male pattern baldness and the risk of myocardial infarction in men under the age of 55 years. **Design and Participants**.--A hospital-based, case-control study was conducted in eastern Massachusetts and Rhode Island. Cases were men admitted to a hospital for a first nonfatal myocardial infarction (n=665); controls were men admitted to the same hospitals with noncardiac diagnoses (n=772). Extent of baldness was assessed using the 12-point modified Hamilton Baldness Scale; other information was obtained by personal interview. Among the controls, the prevalence of any baldness was 34%, while the prevalence of baldness involving the vertex scalp was 23%. **Results**.--After allowing for age, the relative risk estimate for frontal baldness compared with no hair loss was 0.9 (95% confidence interval, 0.6 to 1.3), for baldness involving the vertex scalp it was 1.4 (95% confidence interval, 1.2 to 1.9). Risk of myocardial infarction increased as the degree of vertex baldness increased (P<.01); for severe vertex baldness the relative risk was 3.4 (95% confidence interval, 1.7 to 7.0). The relationship between vertex baldness and myocardial infarction was consistent within strata defined by age and other risk factors for coronary artery disease. **Conclusion**.--These data support the hypothesis that male pattern baldness involving the vertex scalp is associated with coronary artery disease in men under the age of 55 years.

Abstract #4: Baldness and coronary heart disease in men from the Framingham study. Herrera et al. *Am J Epidemiol* 1995; 142:828-833.

The authors assessed the relation between the extent and progression of baldness and coronary heart disease. Baldness was assessed twice, in 1956 and in 1962, in a cohort of 2,017 men from Framingham Massachusetts. Extent of baldness was classified in terms of number of bald areas: no areas bald (n = 153), one area bald (n = 420), two areas bald (n = 587), and all areas bald (n = 857). Men who were assessed both times and who had two or fewer bald areas during the first evaluation were classified in to one of three groups: "mild or no progression," "moderate progression," or "rapid progression." The cohort was followed for up to 30 years for new occurrences of coronary heart disease, coronary heart disease death, cardiovascular disease, and death due to any cause. The relations between the extent and progression of baldness and the aforementioned outcomes were assessed using a Cox proportional hazards model, adjusting for age and other known cardiovascular disease risk factors. Extent of baldness was not associated with any of the outcomes. However, the amount of progression of baldness was associated with coronary heart disease occurrence (relative risk = 2.4, 95% confidence interval 1.3 - 4.4.), coronary heart disease mortality (RR = 3.8, 95% CI 1.9 - 7.7), and all-cause mortality (RR = 2.4, 95% CI 1.5 - 3.8). Rapid hair loss may be a marker for coronary heart disease.

Abstract #5: Factors associated with breast and cervical cancer screening practices among Vietnamese American women. McPhee, et al. *Cancer Detection and Prevention* 1997; 21(6):510-521

PURPOSE: To investigate predictors of breast and cervical cancer screening tests among Vietnamese women in California in preparation for developing and testing interventions to promote such screening. METHODS: Cross-sectional telephone survey of 933 randomly selected Vietnamese women in four California counties. RESULTS: Overall, 70% of the respondents had had at least one prior clinical breast examination, but only 30% had had a mammogram and 53% a Pap test. Among women who had been screened, more than two-thirds were up-to-date and among those who had not been screened, more than two-thirds were planning future tests. Factors positively associated with receipt of one or more of the tests included age (among women < 40 years old), number of years in the United States, having ever married, and having health insurance. Factors negatively associated with test receipt included having a Vietnamese doctor, being unemployed, and being of Chinese-Vietnamese background. CONCLUSION: The multiple factors associated with utilization suggest intervention targets for promoting breast and cervical screening among new immigrant women. Increasing screening test receipt to recommended levels will require a two-pronged approach directed at both Vietnamese consumers and Vietnamese physicians.