



# Lipid Lantern

## What Do You Want to Know At the End of the Study?

By J. L. Probstfield, M.D.

The intervention portion of the study will be completed in ten to twelve months. This date seems a bit remote; yet, for effective implementation of how we can best return results to you, we need to complete our planning soon. As part of the final lap campaign, your counselors have been talking to you about various aspects of the study. You may have already thought or expressed some ideas as to how we can best give you information about your involvement in the CPPT.

We have had some general thoughts about returning information to you and your private physician. Although some determination of what will be returned will be dictated by the trial outcome, much general planning can be done. We need to return to your physician as much information as possible to aid in your effective treatment after the trial. This procedure will require some responsible sifting of the data we have collected. To return **all** this information from 7-9½ years of involvement with the Lipid Research Clinics would be overwhelming and not constructive. Thus, we need to develop a timely, concise and incisive message that can be implemented into your long-term treatment plan. We hope to provide suggestions from the trial results which your doctor can use and which you can incorporate into your lifestyle.

This whole process requires a three to four sentence message which has substantial impact and yet summarizes the important aspects of your entire participation in the CPPT. Formulating this message is one of our most important tasks. If you have ideas on how we can complete this task, please share them with us soon.

## Questions You Have Asked...

### 1. How do I personally benefit from being a CPPT participant?

Participants in primary prevention medical research studies tend to have better health status than those not participating. This is probably due to a number of factors. Criteria for recruitment of participants results in the selection of healthier persons. Additionally, frequent careful health monitoring leads to the early detection of medical problems.

All of you regularly are offered thorough medical monitoring, including physical examinations, laboratory tests and electrocardiograms. Current examinations and test results are compared to previous ones to see if there have been changes. For some of you, this comparison has resulted in the early identification of a medical problem; a referral was made to the appropriate physician for attention and treatment. Since results of examinations and tests are sent to your private physician, these results are on hand when you go to your doctor. Throughout the study, you are prescribed a prudent diet and receive regular instruction and consultation with trained dietitians. This is a valuable service to which you have unusually frequent access.

At the end of the study, you will be the most immediate beneficiaries of the study results which were made possible by your efforts throughout the years. Each of you and your personal physicians will be given information regarding your physiological response to the study regimen, the study results and recommendations based upon them.

### 2. Why have a placebo group; why not have an active medication group and a NO medication group?

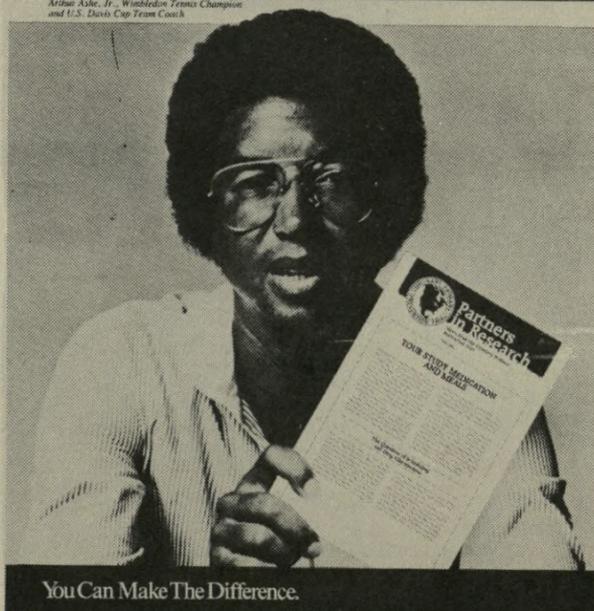
Placebos have been used often in medical research to control for subjective biases on the parts of both health professionals and participants. A placebo is a totally inactive agent in the pharmacological sense. Without a placebo group as a basis for comparison, any change in the group of men taking active medication might be attributed to a host of other reasons; i.e., the careful frequent medical monitoring, expectations about the medication and its "power to heal," biased interpretation by staff of medical findings. When there is a placebo group, these variables occur in the same way in the placebo group as in the active treatment group so their influence can be controlled. The "double-blind" nature of the CPPT prevents both the staff and you from expectations and prejudices that could interfere with the test of the hypothesis: does lowering cholesterol lower the incidence of heart disease?

Continued on Reverse Side

### The Ball's in Your Court.

A million Americans have heart attacks every year. I was one. We are counting on you and the CPPT to help answer the cholesterol question.

Arthur Ashe, Jr., Wimbledon Tennis Champion and U.S. Davis Cup Team Coach



You Can Make The Difference.

Arthur Ashe, Jr.,  
Wimbledon Tennis  
Champion and  
U.S. Davis Cup  
Team Coach

## Questions Asked . . . Continued

### 3. Will my contribution to the CPPT be as valuable if I've been on the placebo rather than the real drug?

Yes. The two groups of participants are equally necessary to the study. The ability to obtain important information on the efficacy of cholesterol lowering as well as other data is dependent upon comparisons between the two groups.

### 4. What difference does it make if I take all my medication if I'm on the placebo?

First, neither you nor we know who is on the placebo; thus, to maximize cholesterol differential between the two groups, it is important for all of you to adhere to the medication prescription.

Second, we don't know how much the results of the study can be affected by expectation of benefits or other aspects of the "placebo effect." It is important that both groups of participants be as similar as possible in all respects except for their particular study drug; otherwise, it will not be possible to draw clear conclusions about the usefulness of cholesterol lowering.

## Straight from the Horse's Mouth . . .

Whether traveling for work or pleasure, taking medication away from home requires advance planning. Here are some ideas from CPPT participants who seem to have mastered this requirement.

*C. J. Goodsell, concrete foreman for Brown & Root:* I always carry a 24-hour supply in my pickup as I sometimes leave town for overnight. That way I always have a "reserve" with me in case of short notice of the trip.

*Vernon Mitchell, National Accounts Manager, Revlon Roux, Inc.:* I take all six packs in the morning before leaving the motel room if I am going to be out late. Otherwise, I take three packs in the morning and three packs when I get back to the room after dinner.

*Harry Porter, National Accounts Manager, Childers Products Company:* Since I usually don't go back to the motel room prior to dinner, the medication taking becomes a bedtime chore rather than a pre-dinner one. And it doesn't mix too well with Alka-seltzer either!

## Potpourri

**Dick Lacy** has become a grandfather for the first time with the birth of Lacey West to Pamela and James West. Young Lacey weighed in at 8 lbs. on March 10, 1982. Have fun Dick!

**R. H. and Jean Berry** also have a new grandchild—Nathan, born July 1, 1982, to parents Stan and Jill Penna of Austin. Congratulations to parents and grandparents!

**Chuck Biggs'** namesake, Chuck Biggs, Jr., is the father of Chuck senior's first grandchild, Jenny Marie, born at The Methodist Hospital on July 7, 1982. Congratulations Chuck!

**John Covington** is the proud father of a new son, Michael Dean, who was born June 12. John had pictures in the clinic on his June 24th visit. That's fast work, John!

## Anniversaries

### CONGRATULATIONS 7-YEAR MEN

Gale Hurley  
Frank Jemela  
Thomas Ellis  
Guy Fuentes  
Don McComas  
Lynn Newberry  
John Blackmon  
George Lipsky  
Bert Ezernack  
Ed Rossi  
Tom McPherson



Fred Brinkman  
Charles Fowler  
Grovesnor Blair  
Dick Moser  
Carl Deal  
Glen Thomas  
Leonard Piotrowski  
George Hockmeyer  
Gene Barbles  
Ed Rich

### AND CONGRATS TO THE 8-YEAR MEN!

Joe Carrillo  
Glynn Mosley  
Payson Tucker  
Harry Porter

Ed Meschwitz  
Rodney Arras  
William Long  
Vito Megna  
Jim Walter

Tom Bole  
Ed Janes  
Jim Parker  
Higdon Compton

## New Employee



**Mary Lopez** has just joined the LRC staff as Dr. Insull's secretary. A native Houstonian, Mary enjoys such hobbies as dancing and piano playing. She has four children and is actively involved in church and community activities. Soon she will receive a bachelor's degree with a major in Spanish from the University of Houston. Say hello to Mary the next time you are in the clinic.

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