Key Summary of Conference Abstract

Effects of Marine Omega-3 and Vitamin D Supplementation on Circulating Biomarkers of Glucose-Insulin Homeostasis and Incident Cardiovascular Disease in the VITamin D and OmegA-3 TriaL (VITAL)



Background

- Insulin resistance and imbalances in blood glucose increase the risk of cardiovascular disease (CVD).¹
- However, data about the association between CVD risk and biomarkers for glucose and insulin have been inconsistent.
- **Objective:** This study examined the association between glucose-insulin biomarkers and risk of incident CVD and coronary heart disease (CHD) events. It also examined whether supplementation with vitamin D or omega-3 fatty acids (n-3 FA) modified any associations between the biomarkers and risk of incident CVD or CHD events.

Methods

- VITAL is a randomized trial investigating whether supplemental vitamin D (cholecalciferol, 2000 IU/d) or n-3 FA (EPA+DHA, 1 g/d) influence CVD and cancer risk.^{2,3}
- In this study, VITAL trial participants with incident CVD events (non-fatal myocardial infarction [MI], non-fatal stroke, or CV death) were matched to healthy control participants based on age and sex.
- The associations of incident CVD and CHD event risk with baseline levels of insulin, C-peptide, and HbA1c, and insulin resistance score (IRS) were assessed with conditional logistic regression.
 - The models adjusted for demographic factors, CVD risk factors, and randomized treatment (ie, vitamin D or n-3 FA supplementation).
- The association of vitamin D or n-3 FA supplementation with glucose-insulin biomarkers was also examined in control participants after 1 or 2 years of followup.

Results

- The study population included 715 patients with incident CVD, including 423 who had CHD events (MI, revascularization, or CHD death), matched to 715 healthy control individuals.
 - Mean age of the matched cohorts was 71 years; ~42% were female, and 12% were African American.
- Baseline HbA1c level was associated with CVD risk (adjusted odds ratio [aOR], 1.17 per incremental standard deviation; 95% CI, 1.01-1.38). The other biomarkers and IRS were not associated with CVD risk.
- Baseline IRS was associated with CHD risk (aOR, 1.22; 95% CI, 1.01-1.46). The 3 biomarkers were not associated with CHD risk.
- Vitamin D or n-3 FA supplementation was not associated with biomarker levels and did not modify associations with CVD or CHD risk.

Conclusions

- In this study, higher HbA1c levels were associated with increased CVD risk, and a higher IRS was associated with increased CHD risk.
- Vitamin D and n-3 FA supplementation was not associated with glucose-insulin biomarker levels and did not modify biomarker associations with risk.

Poster presentation at the Scientific Sessions of the American Heart Association (AHA)

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