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**Table 1**

**Studies of dietary intervention aiming for a reduction in cardiovascular mortality or incidence.**

Study/ Author	Study Design	Study Population	Diet	Cholesterol Reduction	Major Findings
<b>Primary Prevention Trials</b>					
Los Angeles Veterans Administration Study Dayton et al 1969	Randomised	846 male aged 55 to 89	High P/S ratio	13%	31% reduction in all cardiovascular events. No reduction in total mortality
Finnish Mental Hospital Study Miettinen et al 1972	Cross-over		High P/S ratio (1.42-1.78)		Reduced mortality from CHD. No reduction in total mortality
<b>Secondary Prevention Trials</b>					
Morrison Not randomised	2 groups aged 40-79	100 subjects	Low fat	29%	Reduced mortality
Rose et al	Randomised	80 subjects <70yo studied for 2 years	Low fat added corn and olive oils	Corn oil 20% Olive oil no change	No differences in morbidity or mortality between the two groups.
MRC 1965	Randomised	252 subjects <65yo studied	Low fat	17%	No reduction in morbidity or mortality years
MRC 1968	Randomised	393 subjects <60yo studied for 2-6 years	High P/S ratio soya-bean oil	17% at 3 years	Reduced relapse rate No reduction in cardiovascular mortality.
Leren 1970	Randomised	412 subjects 30-64yo studied for	High P/S ratio. (2.4) years	18%	Reduced mortality due to myocardial infarction. No difference in total mortality
Bierenbaum et al 1973	Not randomised but matched controls.	200 subjects aged 30-60yo studied for 10 years.	High P/S ratio. (2.6)	10%	Reduced mortality from myocardial infarction. And reduced total mortality
Woodhill et al 1978	Randomised	458 subjects aged 30-59 studied for years	High P/S ratio. (1.5)	Intervention 11%. Controls 7%.	No difference in mortality
Burr et al	Randomised	2033 men studied for years	Low fat, high fibre, or increased fish intake		29% reduction in all cause mortality in those on the increased fish intake

**Chairman:** Thank you very much, Mark. We have five minutes for burning questions, and we are going to recognise the consensus panel first because of the nature of this conference. I would just like to remind people that there will be at least 15 minutes for questions at the end of this morning's session. So, to begin with, can I ask those on the consensus panel for their questions for Mark Wahlqvist. Professor Beilin.

**Professor Beilin:** Thank you very much, Mark. I wonder if I can now pin you down to some specifics. If you have a patient with hyperlipidaemia, let's say a man with a cholesterol of 8.5, and you are starting with dietary therapy, how would you monitor that dietary therapy, and what would be the evidence that would constitute whether the therapy was successful or not? Tell us how you deal with that.

**Professor Wahlqvist:** Well, firstly, from what I have said, the effects of diet of importance to the patient in respect of both cardiovascular and other end points are ones that have to do with more than simply the lipoprotein pattern—the cholesterol of eight or so. So, we have no choice but to monitor the diet itself as an end point. We would be looking for a diversification of the diet: variety, which presumably would generate a wide range of nutrients and non-nutrients of potential value; a lower intake of saturated fat; an increased intake of plant food; and, in the cultural settings that we see in Australia with low consumption of fish, an encouragement to eat more fish—maybe two or three serves a week, at least. These are worthy end points in their own right.

The other thing, of course, is to look at changes in body composition. Most of the dietary changes will facilitate a reduction in body fatness—total and abdominal. These weight–height relationships and a more direct assessment of fatness, like abdominal circumference, are important.

Finally, in relation to lipoproteins, one cannot adequately assess them without total cholesterol, HDL and triglycerides, and possibly Lp (a). But that is still a way to consider what diet might do in a favourable sense to lipoproteins. In the longer term we will be looking at non-invasive end points for monitoring vascular disease, as well as looking at lipoproteins.