

Editorial

National Institute of Health Promotes Megavitamin Therapy

Over the past two years there has been a surge of interest in using niacin to normalize blood cholesterol and lipids. This is the culmination of a series of large scale, costly studies which began when my colleagues and I (Altschul, R., Hoffer, A. and Stephen, J.: Arch. Biochem. Biophys., 54:558-559, 1955) reported that niacin lowered cholesterol in people.

The National Heart, Lung and Blood Institute conducted a coronary drug study between 1966 and 1975 which compared the effects of five lipid-lowering compounds against placebo in 8341 men, ages 30 to 64, who had had a myocardial infarction at least three months before starting the study.

Paul L. Canner¹, Chief Statistician, Maryland Medical Research Institute, recently reported the results of a reevaluation of the 8000 men still alive in 1975 when the study was terminated. Analysis of the life-table curves for niacin and placebo showed that niacin patients lived two years longer. None of the other treatments were better than placebo. With an average follow-up of fourteen years, there were 70 fewer deaths (11%) in the niacin group.

Niacin has been getting much better press in the past few years. At one time it was grudgingly admitted that niacin lowered cholesterol levels, but almost always the reader was discouraged by heavy emphasis on its side effects. Now the side effects have become minor irritants.

December 10-12, 1984, the National Heart, Lung and Blood Institute and the National Institute of Health, Office of Medical Applications for Research, sponsored a consensus development conference to consider the relationship between coronary heart disease and cholesterol and the public health implications. Their conclusions were published in JAMA, Vol. 253, pages 2080-2086, 1985.

Reprints are available from the Office of Medical Applications for Research, Building 1, Room 216, National Institute of Health, Bethesda, MD, U.S.A. 20205 (Dr. M. J. Bernstein).

Briefly, they concluded that every effort should be made to lower cholesterol levels when they were elevated using dietary means and if these failed to use drugs. They recommended Clofibrate not be used, but bile acid sequestrants and niacin were recommended. Here is a risk table for adults, relating cholesterol levels to risk.

| Age | Moderate Risk | High Risk |
|-----------|----------------|-------------|
| 20-29 | over 200 mg/dl | over 220 mg |
| 30-39 | over 220 mg/dl | over 240 mg |
| 40 & over | over 240 mg/dl | over 260 mg |

NIH urges that their summary statement be posted, duplicated and distributed to interested staff. In other words, they want this information distributed as widely as possible, i.e. NIH now promotes megavitamin therapy when that vitamin is nicotinic acid (niacin). The dose range is 3 to 6 grams per day in three divided doses.

1. CANNER, P.L.: Mortality in coronary drug project patients during a nine year post treatment period. Abstract, J. Am. Coll. Cardiol., 5: 442, 1985.

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