

Table. PUFAs and CHD/CVD: Design Type 4 Studies

Author/ Year	De- sign Type	Class	Quality (+,-,Ø)	Purpose/ Population Sample Size	Regimen	Primary Outcome Measures Results	Author's Conclusions/ Reviewer's Comments (<i>Italicized</i>)
Djoussé et al., 2001	Cross-sectional	D	+	<p>Purpose: To examine relation bet dietary linolenic acid and prevalent CAD</p> <p>Sample: 4406 white subj (2024 men, 2382 women)</p> <p>Inclusions: Participant in National Heart, Lung and Blood Institute Family Heart Study; families from previously established pop-based cohort studies</p> <p>High-risk group: higher-than-expected risk of CAD</p> <p>Exclusions: Missing covariates or probable errors on FFQ; African American</p>	<p>TX/Duration: Random group (N=588 families) and high-risk group (N=566 families) surveyed</p> <p>Dietary Intake During Study: Not reported</p> <p>Dietary Intake Assessment/Frequency: Semi-quantitative FFQ at interview (1 time)</p> <p>Study Visits/ Measurements: Detailed medical and lifestyle HX completed by interview</p> <p>12-lead electrocardiogram performed</p> <p>Ht and wt measured</p>	<p>Outcome Measures: Prevalence of CAD Dietary intake of linolenic acid</p> <p>Results: Total prevalence of CAD 11%</p> <p>Mean intake of linolenic acid 0.81±0.35 g/d for men and 0.68±29 g/d for women</p> <p>Linolenic acid intake inversely assoc with prevalence OR of CAD (OR from lowest to highest quintile of intake: 1.0, 0.77, 0.61, 0.58 and 0.60 in men, <i>P</i> for trend = 0.012; 1.0, 0.57, 0.52, 0.30 and 0.42 in women, <i>P</i> for trend = 0.014) after adjustment for other variables</p> <p>When limited to randomly selected subj, data suggested inverse relation bet linolenic acid intake and CAD (β coefficient±SE for linolenic acid (g): -0.81097±2.54504)</p> <p>Linoleic acid intake assoc with 39% lower prevalence OR of CAD when 3rd and 1st tertiles of linoleic acid compared</p>	<p>Author's Conclusions: "A higher intake of either linolenic or linoleic acid was inversely related to the prevalence odds ratio of CAD. The 2 fatty acids had synergistic effects on the prevalence odds ratio of CAD"</p> <p>Reviewer's Comments: <i>None</i></p>

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						Participants in highest tertile of both linolenic and linoleic acid intakes 56% lower prevalence OR than participants in lowest tertile of both FA intakes (95% CI, 0.17, 1.17)	

APPENDIXO2PUFAType4Table