Our findings contrast with the only other study with prospectively measured BMI in both early and later life, which found that elevated body weight in adolescence exerted an effect on CHD after adjusting for adiposity in middle life. In that study, there were considerably fewer deaths and therefore lower statistical power. In another prospective study, being overweight in college was associated with increased risk of future cardiovascular disease mortality, but no adjustment was made for subsequent BMI.

While the Harvard Alumni Health Study has several advantages—its sample size and number of end points, a range of collateral data, and repeated BMI measurements—it is not without its shortcomings. While there is growing evidence to suggest that body composition (eg, central adiposity) in middle and older age is associated with CHD, the only measurement of adiposity available to us was BMI. Furthermore, the present analyses are restricted to men; it is plausible, although perhaps unlikely, that different results may have been seen in women.

In conclusion, the apparent doubling of future CHD risk in men who were obese in early adulthood was effective eliminated following control for BMI in middle age. These results require replication in other studies.

Linsay Gray, PhD
I-Min Lee, ScD
Howard D. Sesso, ScD
G. David Batty, PhD

Author Affiliations: MRC/CSO Social and Public Health Sciences Unit, Glasgow, Scotland (Drs Gray and Batty); Harvard School of Public Health, Boston, Massachusetts (Drs Lee and Sesso); Brigham and Women’s Hospital, and Harvard Medical School, Boston (Drs Lee and Sesso); The George Institute for International Health, University of Sydney, Sydney, Australia (Dr Batty); and Department of Epidemiology and Public Health, University College London, London, England (Dr Batty).

Correspondence: Dr Gray, MRC/CSO Social and Public Health Sciences Unit, 4 Lilybank Gardens, Glasgow G12 8RZ, Scotland (l.gray@sphsu.mrc.ac.uk).

Author Contributions: Study concept and design: Gray and Batty. Acquisition of data: Lee, Sesso, and Batty. Analysis and interpretation of data: Gray, Lee, Sesso, and Batty. Drafting of the manuscript: Gray and Batty. Critical revision of the manuscript for important intellectual content: Gray, Lee, Sesso, and Batty. Statistical analysis: Gray, Sesso, and Batty. Obtained funding: Lee and Batty. Administrative, technical, and material support: Lee and Sesso. Study supervision: Batty.

Financial Disclosure: None reported.

Funding/Support: The Harvard Alumni Health Study is supported by grants DK081141 and CA130068 from the US National Institutes of Health. Dr Batty is a Wellcome Trust Career Development Fellow, funds from which also supported Dr Gray (2007-2010). The Medical Research Council Social and Public Health Sciences Unit receives funding from the UK Medical Research Council and the Chief Scientist Office at the Scottish Government Health Directorates.

Previous Presentation: The study was presented at the UK Society for Social Medicine 54th Annual Scientific Meeting, 2010; September 7, 2010; Belfast, Ireland.

Online-Only Material: The eTable is available at http://www.archinternmed.com.

Additional Information: This is report No. XCIII in a series on chronic disease in former college students.


EDITOR’S NOTE

Never Too Late to Reduce Obesity

T he United States has seen an alarming increase in obesity rates in the last decade, such that two-thirds of Americans are overweight or obese. While the implications of childhood obesity for future health remain of great concern, this long-term follow-up from the Harvard Alumni Study of body mass index (BMI) and its relationship to mortality brings us some reason for hope that efforts to address childhood obesity are well worth it. Gray et al find that the negative influence of early BMI on mortality drops out when middle-age BMI is added. It is never too late to adopt healthy lifestyle changes.

Rita F. Redberg, MD, MSc

COMMENTS AND OPINIONS

Is Varenicline Effectiveness Declining in Randomized Trials?

In their recent study of varenicline tartrate, Hajek et al1 found that beginning therapy 4 weeks before the target quit date improved 12-week abstinence rates compared with the usual practice of beginning...