

C Delles et al.: Aggressive LDL-cholesterol lowering in secondary prevention protocols is associated with improved endothelial function

Supplementary table 1. Lipid targets in secondary prevention

		2000 ¹	Total Cholesterol		LDL Cholesterol	
			minimum	optimum	minimum	optimum
	JBS	2000 ¹	<5.0	-	<3.0	-
	AHA/ACC	2001 ²	-	-	<2.6	-
	Joint Task Force	2003 ³	<4.5	-	<2.5	-
	JBS	2005 ⁴	<5.0	<4.0	<3.0	<2.0
	AHA/ACC	2006 ⁵	-	-	<2.6	<1.8
	Joint Task Force	2007 ⁶	<4.5	<4.0	<2.5	<2.0

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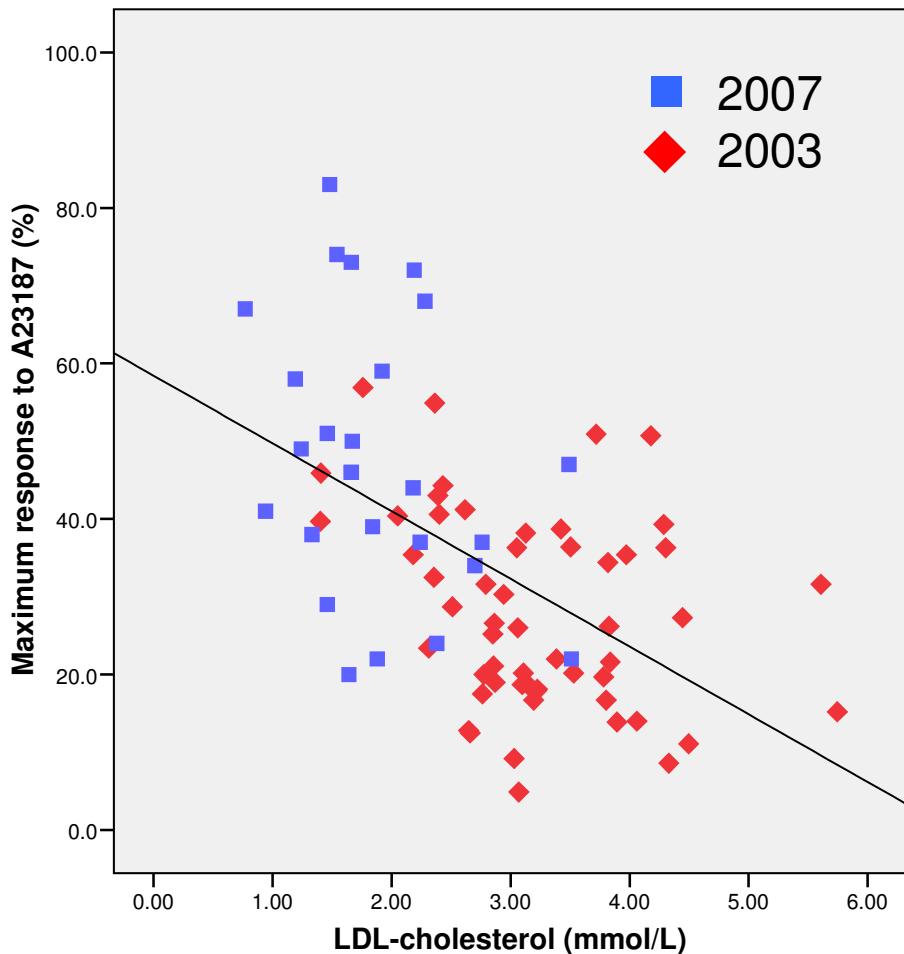
Supplementary table 2. Clinical characteristics of patients used for comparison of endothelial function between 2003 and 2007

	2003 n=36	2007 n=36	P-value
Age (years)	62 ± 8	63 ± 9	0.005
Male/female	24 / 12 (67%)	28 / 8 (78%)	0.430
Body mass index (kg/m ²)	28.4 ± 4.6	30.0 ± 4.7	0.302
Systolic blood pressure (mmHg)	137 ± 13	142 ± 29	0.413
Diastolic blood pressure (mmHg)	81 ± 11	80 ± 12	0.661
Statin dose (mg/d)	25±8	38±16	0.007

Supplementary table 3. Clinical characteristics of patients used for comparison of vascular superoxide production between 2003 and 2007

	2003 n=33	2007 n=33	P-value
Age (years)	61 ± 9	61 ± 9	0.943
Male/female	19 / 14 (58%)	24 / 9 (73%)	0.301
Body mass index (kg/m ²)	29.5 ± 6.2	29.4 ± 4.8	0.931
Systolic blood pressure (mmHg)	136 ± 8	133 ± 11	0.781
Diastolic blood pressure (mmHg)	81 ± 10	81 ± 10	0.952
Statin dose (mg/d)	32±16	36±13	0.185

Supplementary figure 1.



Correlation between endothelium dependent vasodilation and LDL-cholesterol levels in male patients with CAD in the 2003 and 2007 groups. The correlation ($r=-0.527$) is significant at $P<0.001$.