

APOE allele type tied to mortality risk

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was no difference between AAs and EAs for the association between APOE allele and mortality.

"Gaining better mechanistic understanding of the relationship between the APOE alleles and overall and cardiovascular mortality might provide a better understanding of the underlying risk mechanism and make possible more-translational approaches to decrease [mortality](#) and increase lifespan in the [general population](#)," the authors write.

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(HealthDay)—The apolipoprotein E (APOE) ϵ 4 allele increases the risk of overall and cardiovascular mortality, while the APOE ϵ 2 allele decreases the risk, according to a study published online Sept. 12 in the *Journal of the American Geriatrics Society*.

Kumar B. Rajan, Ph.D., from the Rush University Medical Center in Chicago, and colleagues compared the association between APOE allele and overall and [cardiovascular mortality](#) between 4,917 African-Americans (AAs; 68 percent) and European-Americans (EAs; 32 percent).

The researchers found that a higher proportion of AAs had an APOE ϵ 2 allele (22 versus 13 percent) and an APOE ϵ 4 allele (33 versus 24 percent), compared to EAs. The risk of mortality was 19 percent less with the APOE ϵ 2 allele, and the risk of cardiovascular mortality was 35 percent less than with the ϵ 3 ϵ 3 allele, when adjusting for known risk factors. Compared to the ϵ 3 ϵ 3 allele, the risk of mortality was 10 percent greater with the APOE ϵ 4 allele, and the risk of cardiovascular mortality was 20 percent greater. However, there

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