

Table
Stata report, Model 4:

Cox regression with Breslow method for ties

No. of subjects =	3,292	Number of obs =	3,292
No. of failures =	174		
Time at risk =	1,283,419		
Log likelihood =	-1331.3968	LR chi2(16) =	132.34
		Prob > chi2 =	0.0000

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
HighNormGlucose_Y0#HighInsY0_StratWcGluc_icVD# HighWC_tROC_icVD_Y0					
1 1 1	2.495318	.8923546	2.56	0.011	1.238016 5.029507
1 1 2	3.050395	1.12803	3.02	0.003	1.47769 6.296929
1 2 1	1.628412	.6116288	1.30	0.194	.7799281 3.399963
1 2 2	3.883118	1.451327	3.63	0.000	1.866558 8.078296
2 1 2	2.053399	.7310074	2.02	0.043	1.02199 4.125722
2 2 1	2.581486	.9785737	2.50	0.012	1.228009 5.426727
2 2 2	5.113075	1.763118	4.73	0.000	2.601155 10.05074
2.HighGGT_Bp0_Y0	1.517953	.2793917	2.27	0.023	1.058249 2.177354
2.HighPLT_Y0	1.443332	.2241601	2.36	0.018	1.064556 1.95688
2.HTN_MetS_Y0	1.902879	.3809715	3.21	0.001	1.285269 2.81727
PoorFitTreadStage_Y0_z	1.18259	.1129795	1.76	0.079	.9806503 1.426114
2.CotCat15_Y0	1.734302	.2767922	3.45	0.001	1.268452 2.371239
2.LDLc_160up	1.647544	.4406687	1.87	0.062	.9753622 2.782966
2.Sex_M2	2.50366	.5169762	4.44	0.000	1.670368 3.752653
2.Race_B2	1.104092	.1873469	0.58	0.560	.7917169 1.539716
2.FamHxPremASCVD_Y0	1.463366	.3135426	1.78	0.076	.9615534 2.227063

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AMERICAN JOURNAL OF PREVENTIVE CARDIOLOGY 15 (2023)
MEDITERRANEAN VS. PLANT BASED DIET IN HOSPITALIZED ADULTS WITH
CARDIOVASCULAR DISEASE

Lily Nedda Dastmalchi, DO, MA, Kaitlyn McSurdy, MD, Morgan Venuti, DO, Emily Cunnings, MD, Michele Ondek, Estefania Oliveros, MD, MSc, Daniel Edmundowicz, MD. Temple University Hospital
E-mail address: nedda.dastmalchi@gmail.com

Therapeutic Area: Nutrition/Exercise

Background: The Standard American Diet (SAD), typically poor in nutritional value, is a known contributor to cardiometabolic syndromes and cardiovascular disease. Suboptimal nutrition composed of processed and red meat, refined carbohydrates, high salt and added sugars contributes to cardiovascular death and premature mortality. Dietary patterns that focus on plant-based foods are associated with reductions and slowing progression of cardiovascular disease. Specifically, the Mediterranean Diet (MD) has a strong association with lower rates of heart disease, cancer, and obesity while increasing longevity. In recent years, a plant based diet (PBD) has also emerged as a nutritional alternative to the MD with health benefits.

The growing knowledge of the importance of well-balanced diet to cardiovascular health has become more well-known as it is a component of the AHA's Life Essential 8, which illustrates the factors that are important to cardiovascular health. Dietary changes are traditionally focused in the outpatient setting, though little has been done in the acute care setting when patients are most vulnerable and amenable to change, especially after a life altering event.

Methods: We will recruit adults >18 years of age who are admitted to Temple University Hospital with a standard cardiac diet order with one of the following diagnoses: acute coronary syndrome, heart failure, atrial fibrillation/flutter or hypertensive crisis. Patients will be given a baseline questionnaire to assess dietary behaviors prior to hospital admission.

Patients will then be randomized to either a cardiac, PBD or MD. The PBD and MD were created for this study in collaboration with registered dietitians to assure all nutritional requirements were met during the admission.

One month following hospital discharge, patients will be contacted with a follow up questionnaire to assess if dietary behaviors have changed compared to baseline.

Results: The study is in the enrollment phase. We plan to have preliminary data to present at the conference.

Conclusions: A prior inpatient study illustrated that inpatient diet could impact dietary behaviors. We hypothesize that an intervention with either a PBD or MD in patients hospitalized for cardiovascular disease will have a positive impact on dietary behaviors one month post discharge.

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AMERICAN JOURNAL OF PREVENTIVE CARDIOLOGY 15 (2023)
WHOLE BLOOD T2P LINKS HEMOGLOBIN STATUS TO CARDIOMETABOLIC
HEALTH

David P. Cistola, MD, PhD^{1,3}, Vipulkumar Patel, PhD^{1,3}, Sneha Deodhar, MS³, Ina Mishra, PhD³, Michelle D. Robinson, PhD³, Alok K. Dwivedi, Ph.D.². ¹CoE in Diabetes & Metabolism ²Division of Biostatistics & Epidemiology, Department of Molecular & Translational Medicine, Paul L. Foster School of Medicine and L. Fredrick Francis Graduate School of Biomedical Sciences, Texas Tech University Health Sciences Center El Paso, USA ³Institute for Cardiovascular & Metabolic Diseases, Department of Physiology & Anatomy, University of North Texas Health Science Center, Fort Worth, Texas USA
E-mail address: david.cistola@ttuhsc.edu

Therapeutic Area: Diabetes

Background: Plasma water T₂ is an early, global and practical biomarker of cardiometabolic health. It is measured by compact magnetic resonance relaxometry using separated human plasma. A prior goal was to determine whether plasma water T₂ could be estimated using unseparated whole blood. Settled, EDTA-anticoagulated whole blood yields two T₂ values: T_{2S} for the plasma supernatant