SUMMARY AND CONCLUSION
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The present study was carried out in 32 male subjects aged 50-60 years. These were divided into two groups. (Group I and group II). Group I consisted of 14 healthy males, while group II consisted of 18 patients of CAD (both M.I. and angina pectoris). Group I was further divided into two groups (IA and IB) on the basis of postprandial response to HCFD as high and low risk. Subjects of group I were subjected to stress ECG while those of group II were analysed for fasting and postprandial lipid lipoprotein profile after HCFD. Observations regarding ECG abnormalities suggestive of ischaemia in group I and lipid lipoprotein profile abnormalities (both fasting and postprandial) in group II were made and statistically analysed.

Following conclusions were drawn on the basis of present study.

1. Among healthy subjects who were labelled as high risk on the basis of postprandial responses, 20% showed ECG abnormality in ischaemic changes on stress exercise.
3. ECG abnormality was found in those healthy subjects who were smokers, obese and sedentary workers.

3. Subjects who showed normal cholesterol tolerance (low risk) did not reveal any ECG abnormality.

4. 44% (4/9) patients of myocardial infarction showed abnormal fasting lipid lipoprotein profile while 33% (3/9) showed abnormal cholesterol tolerance to single dose HCFD.

5. When patients of angina pectoris were analysed for fasting and postprandial lipid lipoprotein profile, 44%(4/9) of them showed abnormal fasting lipid profile, while only 22% (2/9) showed an abnormal cholesterol tolerance to HCFD.

6. When incidence of abnormal fasting and postprandial lipid lipoprotein among patients of CAD (MI and angina pectoris) combinely were analysed, it come out to be 44%. When fasting profiles were studied and 28% when post prandial behaviour was observed.