



P90 Indexing Left Ventricular Mass to Body Size: Which Method is the Most Appropriate in Early Adulthood?

Hannah Taylor^{1,*}, Chloe Park¹, Abigail Fraser², Laura Howe², Dianna Ferreira², Nic Timpson², Debbie Lawlor², George Davey-Smith², Nishi Chaturvedi¹, Alun Hughes¹

¹Cardiometabolic Phenotyping Group, University College London, London, UK

²MRC Integrative Epidemiology Unit, University of Bristol, Bristol, UK

ABSTRACT

Introduction: Left ventricular mass (LVM) predicts cardiovascular risk. In early life, LVM is conventionally indexed to height 2.7 [1], although this may not account for sex differences in growth. We investigated allometric scaling of LVM to height, lean mass (LM) and body surface area (BSA) in a UK birth cohort.

Methods: 861 individuals underwent echocardiography to assess LVM at age 17.7 (SD 0.3) years and 24.0 (SD 0.6) years. LM was quantified using dual-energy X-ray absorptiometry. Group and sex-specific allometric relationships were determined by linear regression, following log transformation of x and y variables ($\log(y) = a + b \cdot \log(x)$) ($b =$ scaling exponent).

Results: LVM showed a linear relationship with LM and $\log(\text{height})$, although the intercepts differed by sex. At age 17, the exponent relating LVM to height in males and females combined was 2.67 (95% CI: 2.41, 2.91), very close to the suggestion of height 2.7. Sex-specific estimates for height were lower and close to the estimate of 1.7 [2], at 1.77 (1.17, 2.37) and 1.83 (1.35, 2.31), for males and females, respectively. The female exponent at age 24 remained close to 1.7, while the male exponent increased to 2.14 (1.54, 2.73). Exponents for LM and BSA remained similar between ages 17 and 24 (see Table 1 for detail).

Conclusion: A universal approach for allometric indexing of LVM may be inappropriate in early adulthood, and indexation may need to be both age- and gender-specific. It remains unclear which indexing method is superior at these ages, although height may be unsuitable. These observations may have important implications for identifying young individuals with cardiac hypertrophy.

Table 1

	Height			Lean			BSA		
	<i>n</i>	Coefficient (+ 95% CI)	<i>p</i>	<i>n</i>	Coefficient (+ 95% CI)	<i>p</i>	<i>n</i>	Coefficient (+ 95% CI)	<i>p</i>
Age 17 Group	861	2.67 (2.41, 2.91)	<0.001	861	0.85 (0.80, 0.91)	<0.001	861	1.76 (1.64, 1.88)	<0.001
Male	333	1.77 (1.17, 2.37)	<0.001	333	1.18 (1.00, 1.36)	<0.001	333	1.69 (1.45, 1.93)	<0.001
Female	528	1.83 (1.35, 2.31)	<0.001	528	1.10 (0.96, 1.24)	<0.001	528	1.36 (1.20, 1.53)	<0.001
Age 24 Group	861	2.97 (2.70, 3.23)	<0.001	861	1.07 (1.01, 1.13)	<0.001	861	1.78 (1.66, 1.90)	<0.001
Male	333	2.14 (1.54, 2.73)	<0.001	333	1.20 (1.05, 1.35)	<0.001	333	1.60 (1.36, 1.84)	<0.001
Female	528	1.65 (1.11, 2.19)	<0.001	528	1.10 (0.98, 1.23)	<0.001	528	1.32 (1.15, 1.50)	<0.001

REFERENCES

- [1] de Simone G, Daniels SR, Devereux RB, Meyer RA, Roman MJ, de Divitiis O, et al. Left ventricular mass and body size in normotensive children and adults: assessment of allometric relations and impact of overweight. *J Am Coll Cardiol* 1992;20:1251–60.
- [2] Chirinos JA, Segers P, De Buyzere ML, Kronmal RA, Raja MW, De Bacquer D, et al. Left ventricular mass: allometric scaling, normative values, effect of obesity, and prognostic performance. *Hypertension* 2010;56:91–8.

© 2019 Association for Research into Arterial Structure and Physiology. Publishing services by Atlantis Press International B.V. This is an open access article distributed under the CC BY-NC 4.0 license (<http://creativecommons.org/licenses/by-nc/4.0/>).