# **Resource Summary Report**

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# **Framingham Heart Study**

RRID:SCR\_008963

Type: Tool

## **Proper Citation**

Framingham Heart Study (RRID:SCR\_008963)

#### **Resource Information**

**URL:** http://www.framinghamheartstudy.org/

**Proper Citation:** Framingham Heart Study (RRID:SCR\_008963)

Description: A longitudinal, epidemiologic study to identify the common risk factors or characteristics that contribute to cardiovascular disease by following its development over a long period of time in a large group of participants who had not yet developed overt symptoms or suffered a heart attack or stroke. Since that time the FHS has studied three generations of participants resulting in biological specimens and data from nearly 15,000 participants. Since 1994, two groups from minority populations, including related individuals have been added to the FHS. FHS welcomes proposals from outside investigators for data and biospecimens. The researchers recruited 5,209 men and women between the ages of 30 and 62 from the town of Framingham, Massachusetts, and began the first round of extensive physical examinations and lifestyle interviews that they would later analyze for common patterns related to CVD development. Since 1948, the subjects have continued to return to the study every two years for a detailed medical history, physical examination, and laboratory tests, and in 1971, the Study enrolled a second generation - 5,124 of the original participants" adult children and their spouses - to participate in similar examinations. In 1994, the need to establish a new study reflecting a more diverse community of Framingham was recognized, and the first Omni cohort of the Framingham Heart Study was enrolled. In April 2002 the Study entered a new phase, the enrollment of a third generation of participants, the grandchildren of the Original Cohort. In 2003, a second group of Omni participants was enrolled. Over the years, careful monitoring of the Framingham Study population has led to the identification of major CVD risk factors, as well as valuable information on the effects of these factors such as blood pressure, blood triglyceride and cholesterol levels, age, gender, and psychosocial issues. Risk factors for other physiological conditions such as dementia have been and continue to be investigated. In addition, the relationships between physical traits and genetic patterns are being studied. FHS clinical and research data is stored in the dbGaP and NHLBI Repository repositories and may be

accessed by application. Please check the following repositories before applying for data through FHS. Investigators seeking data that is not available through dbGaP or BioLINCC or seeking biological specimens may submit a proposal through the FHS web-based research application. The FHS data repository may be accessed through this FHS website, under the For Researchers link, then Description of Data, in order to determine if and how the desired data is stored. Proposals may involve the use of existing data, the collection of new data, either directly from participants or from previously collected samples, images, or other materials (e.g., medical records). The FHS Repository also has biological specimens available for genetic and non-genetic research proposals. Specimens include urine, blood and blood products, as well as DNA.

**Abbreviations: FHS** 

Resource Type: material resource, biomaterial supply resource

**Keywords:** clinical study, longitudinal study, heart, cardiac, adult human, male, female, risk factor, blood pressure, blood triglyceride, cholesterol level, age, gender, psychosocial, dementia, physical trait, genetic trait, minority, clinical, genotype, phenotype, urine, blood, blood product, dna, FASEB list

Related Condition: Cardiovascular disease, Normal, Aging

Funding: NHLBI Division of Prevention and Population Sciences

**Availability:** Public / Collaboration preferred: FHS welcomes proposals from outside investigators. Collaboration with FHS investigators is encouraged as it helps to maximize the scientific potential of the unique data.

**Resource Name:** Framingham Heart Study

Resource ID: SCR\_008963

Alternate IDs: nlx\_151991

**Record Creation Time:** 20220129T080250+0000

**Record Last Update:** 20250517T055918+0000

### Ratings and Alerts

No rating or validation information has been found for Framingham Heart Study.

No alerts have been found for Framingham Heart Study.

#### Data and Source Information

Source: SciCrunch Registry

### **Usage and Citation Metrics**

We found 148 mentions in open access literature.

**Listed below are recent publications.** The full list is available at RRID.

Wang L, et al. (2025) Novel loci for triglyceride/HDL-C ratio longitudinal change among subjects without T2D. Journal of lipid research, 66(1), 100702.

van Lent DM, et al. (2025) Association between dietary inflammatory index score and incident dementia. Alzheimer's & dementia: the journal of the Alzheimer's Association, 21(1), e14390.

Weinstein G, et al. (2024) Association of Neurotrophic Factors at Midlife With In Vivo Measures of ?-Amyloid and Tau Burden 15 Years Later in Dementia-Free Adults. Neurology, 102(7), e209198.

Perry AS, et al. (2024) Clinical-transcriptional prioritization of the circulating proteome in human heart failure. Cell reports. Medicine, 5(9), 101704.

Wang L, et al. (2024) Novel Loci (EIF4A2, ADIPOQ, TPRG1) for Triglyceride / High-density Lipoprotein Cholesterol Ratio Longitudinal Change (?THR) among Subjects without Type 2 Diabetes: Evidence from the Long Life Family Study (LLFS) and the Framingham Heart Study (FHS) Offspring Cohort (OS). medRxiv: the preprint server for health sciences.

Ye C, et al. (2024) Association of vertebral fractures with worsening degenerative changes of the spine: a longitudinal study. Journal of bone and mineral research: the official journal of the American Society for Bone and Mineral Research, 39(12), 1744.

Zhou Z, et al. (2024) Digital Health Platform for Improving the Effect of the Active Health Management of Chronic Diseases in the Community: Mixed Methods Exploratory Study. Journal of medical Internet research, 26, e50959.

Ravichandran S, et al. (2024) Life's Essential 8 Cardiovascular Health Score and Cardiorespiratory Fitness in the Community. Journal of the American Heart Association, 13(9), e032944.

Clayton EW, et al. (2023) Studying the impact of translational genomic research: Lessons from eMERGE. American journal of human genetics, 110(7), 1021.

Shah RV, et al. (2023) Proteomics and Precise Exercise Phenotypes in Heart Failure With Preserved Ejection Fraction: A Pilot Study. Journal of the American Heart Association, 12(21), e029980.

Nayor M, et al. (2023) Arterial Stiffness and Cardiorespiratory Fitness Impairment in the Community. Journal of the American Heart Association, 12(21), e029619.

Perry AS, et al. (2023) Proteomic architecture of frailty across the spectrum of cardiovascular disease. Aging cell, 22(11), e13978.

Adra N, et al. (2023) Decoding information about cognitive health from the brainwaves of sleep. Scientific reports, 13(1), 11448.

Salinas J, et al. (2022) Association of Loneliness With 10-Year Dementia Risk and Early Markers of Vulnerability for Neurocognitive Decline. Neurology, 98(13), e1337.

Lin CC, et al. (2022) Development and validation of a risk prediction model for chronic kidney disease among individuals with type 2 diabetes. Scientific reports, 12(1), 4794.

Cooper LL, et al. (2022) Relations of postural change in blood pressure with hypertension-mediated organ damage in middle-aged adults of the Framingham heart study: A cross-sectional study. Frontiers in cardiovascular medicine, 9, 1013876.

Ngwa JS, et al. (2021) Revisiting methods for modeling longitudinal and survival data: Framingham Heart Study. BMC medical research methodology, 21(1), 29.

Hruby A, et al. (2021) Protein Intake and Human Health: Implications of Units of Protein Intake. Advances in nutrition (Bethesda, Md.), 12(1), 71.

Synn AJ, et al. (2021) Ambient air pollution exposure and radiographic pulmonary vascular volumes. Environmental epidemiology (Philadelphia, Pa.), 5(2), e143.

Rincón-Arévalo H, et al. (2020) Low frequency of IL-10+ B cells in patients with atherosclerosis is related with inflammatory condition. Heliyon, 6(3), e03441.