

10 THINGS YOU SHOULD KNOW ABOUT CHOLESTEROL AND THE USE OF STATINS IN PATIENTS WITH VASCULAR DISEASE

1. The target of statin therapy is the atherosclerotic plaque NOT the serum cholesterol
2. Serum LDL is a poor predictor of the presence, absence or extent of vascular disease in individual patients
3. There is no evidence that very low LDL levels can cause harm
4. In patients with vascular disease treated with statins a very low LDL level is a marker of better prognosis over 5 years
5. Statins are effective in reducing vascular events in all patients with atherosclerosis independent of the level of LDL
6. The prognostic effect of statins in patients with vascular disease relates most strongly to the dose of treatment over and above the achieved LDL level in serum
7. Since statins are well tolerated it is reasonable to start patients with proven vascular disease on high dose therapy and to only titrate downward should side effects occur
8. Statins have never been associated with hepatitis or cirrhosis however should liver enzymes rise unduly [2-4x normal] is it not unreasonable to reduce the dose of therapy
9. Crestor 40mg and Lipitor 80mg are equipotent
10. There is no evidence that lowering LDL or raising HDL with other forms of therapy improves prognosis over and above statin therapy

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