

Symposium III: Prevention in Dyslipidemia

Statin in Chronic Complex Patients: What is New in Primary Prevention ?

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Abstract

Prevention is defined as a coordinated set of actions, at the population level or targeted at an individual, aimed at eradicating, eliminating or minimizing the impact of cardiovascular diseases (CVD) and their related disability. Prevention is effective in reducing the impact of CVD; the elimination of health risk behaviours would make it possible to prevent at least 80% of CVD and even 40% of cancers, thus providing added value for other chronic diseases.

The importance of CVD prevention remains undisputed and should be delivered at different levels: (i) in the general population by promoting healthy lifestyle behaviour and (ii) at the individual level, in those at moderate to high risk of CVD or patients with established CVD, by tackling an unhealthy lifestyle (e.g. poor quality diet, physical inactivity, smoking) and by reducing increased levels of CV risk factors such as increased lipid or blood pressure levels.

Statins have significant effects on mortality as well as most CVD outcome parameters, these drugs are the first choice to reduce total CVD risk. Many randomised controlled trials (RCTs) show that statins effectively lower atherogenic cholesterol levels and reduce risk for atherosclerotic cardiovascular disease (ASCVD). Some investigators speculate that statins have benefits beyond cholesterol lowering; pleiotropic effects that remain to be proved.

On account of its high efficacy, statin therapy is virtually mandatory for most patients with established ASCVD (secondary prevention) but for the population as a whole, the greatest potential benefit lies in prevention of ASCVD in the first place (primary prevention). Statin use in primary prevention is the subject of great debate. Some investigators hold that statins are needed for most middle-aged and older people; others contend that statins should be restricted to those at highest risk for future ASCVD events.

Therefore, physicians must exercise their best clinical judgement and discuss the advantages and disadvantages of statin therapy with their patient. Clinicians should understand the evidence but individualize decision making to the specific patient or situation.