

Statin Therapy: Past, Present, and Future

Results of large-scale, long-term primary and secondary prevention trials have convincingly demonstrated the efficacy of statins in reducing morbidity and mortality from coronary heart disease (CHD). These results have prompted several countries to issue new treatment and prevention guidelines or to revise existing ones.

However, despite the important clinical information about CHD prevention and treatment gained from these new findings, questions as well as differing interpretations of their clinical significance have been raised, including: Should statins be used in all patients with cardiovascular disease? Will a lower level of low-density lipoprotein cholesterol (LDL-C) equate to better clinical benefits? Are all statins the same? Some experts in cardiovascular medicine would answer in the affirmative; others, in the negative—and each with good reason.

This supplement to *The American Journal of Managed Care* highlights presentations from 2 symposia at 2 major cardiology meetings. Both symposia featured outstanding faculty and both focused on the role of statin therapy in the management of coronary disease. However, each symposium utilized a different format to address the properties, safety, and efficacy of statin drugs in reducing risk for cardiovascular morbidity and mortality.

The first symposium, *Toward a New Global Standard: A Glimpse of the Future*, was held during the XXII Congress of the European Society of Cardiology in Amsterdam, The Netherlands, on August 28, 2000. Utilizing a formal debate format, the symposium presented the proponent and opponent viewpoints regarding 3 aspects of statin therapy:

- Should all patients with cardiovascular disease receive statin therapy?

- Should there be a threshold level for cholesterol?
- Are all statins the same?

Citing data from epidemiologic and angiographic studies and large-scale clinical trials evaluating various statins in patients with a wide range of cholesterol levels, the faculty members presented their cases for or against the above questions.

The debate format and the differing opinions of the speakers underscored a basic tenet of clinical medicine: Data from clinical trials are subject to differing interpretations that must be taken into consideration when such data are applied in the clinical setting.

The issues addressed during the debates in the first symposium also served as a bridge to the second symposium, *Statin Therapy in the New Millennium: Is There Room for Improvement?*, which was held immediately prior to the 73rd Scientific Sessions of the American Heart Association on November 11, 2000, in New Orleans, Louisiana. At that symposium, experts on lipid abnormalities, atherosclerosis management, and cardiovascular disease reviewed the findings of the major statin trials, which demonstrated that statin therapy reduced mortality and risk for recurrent coronary events. The speakers also addressed ways to achieve optimal risk reduction, surrogate endpoints, newer risk markers in atherosclerosis management, and new therapies on the horizon, including inhibitors of bile acid absorption and transport, inhibitors of acyl-coenzyme A cholesterol acyl-transferase, and a new statin, rosuvastatin.

Highlights of presentations at each symposium follow and provide valuable information and insights regarding the role of statin therapy in the management and prevention of coronary disease.