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HMG-CoA Reductase Inhibitors (Milestones In Drug Therapy)



Synopsis

HMG-CoA reductase inhibitors (statins) are established drugs for the treatment of hypercholesterolemia. Furthermore, they induce regression of vascular atherosclerosis as well as reduction of cardiovascular-related morbidity and death in patients with and without coronary artery disease. This book deals with statins which have substantially altered the approach to therapy of atherosclerosis and its sequelae. Emphasis is placed on the scientific background to the discoveries and the development of the therapy, including an overview of the current state of knowledge of the drugs. Clinical data are reviewed extensively. This book not only provides the reader with valuable information but also stimulates further research into the pathogenesis of atherosclerosis and the mechanisms behind the action of effective statins. It sets the stage for creative thinking among scientists of many disciplines for the accomplishment of our ultimate goals in treating atherosclerosis and its sequelae. This topical volume...

Book Information

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Customer Reviews

HMG-CoA reductase inhibitors are essentially the statin drugs: atorvastatin (Lipitor[™]), cerivastatin (Baycol[™], withdrawn 8/01), fluvastatin (Lescol[™]), lovastatin (Mevacor[™]), pravastatin (Pravachol[™]), simvastatin (Zocor[™]), pitavastatin and rosuvastatin (Crestor[™]), which were introduced to lower total cholesterol (TC) levels, and especially LDL-cholesterol (LDL) levels, ostensibly to prevent coronary heart disease (CVD). The

book consists of 8 chapters by nominally highly qualified authors in the form of review articles of the sort normally found in medical journals. These are devoted to the pharmacology and supposed benefits of statin drugs. The writing is in expert medical language and is consistent, well-written, well-edited and very well-referenced, in quantity if not in quality. The index is inadequate. All chapters attempt to justify the wide use of the statin drugs to lower TC and LDL by citing references in support of the claims that high levels have been correlated with cardiovascular disease (pp 1, 19, 35, 81, 84, 99, 121, 126). Such claims are unfounded (Ravnskov U, The Cholesterol Myths, Washington, DC, New Trends, 2000). The supposed benefits of the statins, beyond a large, but meaningless lowering of TC and LDL, are usually given as lowered relative risks (RR) of mostly non-fatal heart attacks without the slightest indication of the magnitude of the more meaningful reduction of absolute risk (pp 101, 103, 106, 115, 122, 124, 137). This misrepresentation has been noted (Ravnskov, 2000; Gigerenzer G, Calculated Risks: How to Know When Numbers Deceive You, New York, NY, Simon & Schuster, 2002).

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