HDL Affects Cardiovascular Risk Even With Very Low LDL Levels

BY BRUCE JANCIN
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CHICAGO — A low HDL-cholesterol level confers increased coronary risk even in persons with an enviably low LDL-cholesterol level of less than 60 mg/dL, Dr. Emil M. deGoma reported at the annual scientific sessions of the American Heart Association.

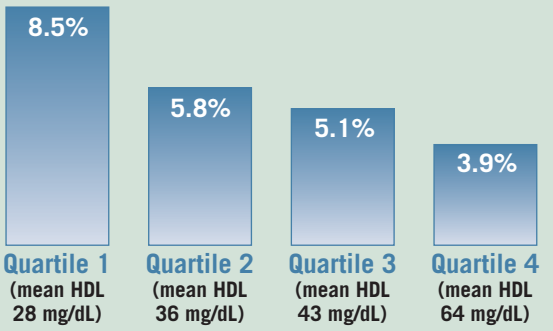
This observation that HDL cholesterol retains its clinical relevance even in the setting of very low LDL cholesterol suggests that HDL-boosting therapies may play an important role in primary and secondary cardiovascular prevention across the full range of LDL values. Certainly the door is now open for the conduct of clinical trials testing this possibility, added Dr. deGoma of Stanford (Calif.) University.

He presented a retrospective observational study involving 6,357 consecutive patients with an LDL level below 60 mg/dL seen at the Palo Alto VA Medical Center or Stanford-affiliated community clinics. Their mean age was 65. Nearly half were diabetic and three-quarters were hypertensive. Overall, 42% had been diagnosed with ischemic heart disease, and 15% had heart failure.

Patients were grouped in quartiles by HDL level and followed for 1 year. The study end point was the combined 1-year incidence of acute MI or hospitalization for ischemic heart disease, which proved to be inversely related to baseline HDL (see box). Particularly impressive was the hefty 1-year event rate of 8.5% in patients in the lowest HDL quartile.

After adjusting for age and other demographic variables, comorbidities, laboratory values, and—most importantly—statin use, the risk of the combined end point continued to increase in stepwise fashion with decreasing HDL. ■

Combined 1-Year Incidence of MI or Hospitalization for Ischemic Heart Disease



Note: Data based on 6,357 patients with LDL cholesterol <60 mg/dL.
Source: Dr. deGoma

ELSEVIER GLOBAL MEDICAL NEWS

Mortality Cut by Statins in Patients With Low LDL

CHICAGO — Statin therapy is associated with reduced mortality even in patients with very low baseline LDL cholesterol levels—below 60 mg/dL, Dr. Nicholas J. Leeper reported at the annual scientific sessions of the American Heart Association.

He presented an observational study involving 4,295 patients followed for a mean of 724 days after presenting with an LDL cholesterol level below 60 mg/dL. Of these patients, 47% had diabetes, 45% had known ischemic heart disease, and 19% had a prior malignancy, which can cause a marked reduction in LDL.

Statin therapy was prescribed for 60% of patients in the follow-up period, during which there were 510 deaths. After adjustment for age, liver and renal function, and use of other medications, statin therapy was associated with a 34% reduction in the relative risk of mortality. Among patients with no history of ischemic heart disease, the mortality reduction was 42%.

Moreover, the survival benefit associated with statin therapy also extended to the 623 patients with an extremely low baseline LDL of less than 40 mg/dL. In this group of patients, statin users had a 49% reduction in mortality, continued Dr. Leeper of Stanford (Calif.) University.

No increase in cancer or rhabdomyolysis was seen with statin therapy in this large cohort of patients with LDL below 60 mg/dL.

—Bruce Jancin