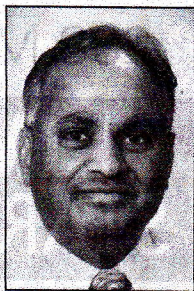


Prevention against a heart attack and stroke

The focus on lowering cholesterol is taking center stage in this era of preventive medicine. Prevalence of diabetes, hypertension and obesity is rising rapidly, making the risk of cardiovascular diseases even higher. Millions of people die due to cardiovascular diseases, like heart attack and stroke, worldwide every year. Their prevention takes absolute priority in this day and age. Focusing on aggressive lowering of cholesterol can go a long way in preventing heart attack and stroke.

According to latest primary prevention guidelines of the American Heart Association, American College of Cardiology and American Diabetic Association, treatment depends on the calculated cardiovascular risk, not on the level of LDL. People can use an AHA/ACC CV Risk estimator to calculate their 10-year risk of heart attack and stroke. The United States preventive service task force's 2016 report agreed with the above recommendation. They also did not consider reduction in LDL level to be a sufficient surrogate for health outcome.

Any patient with 10-year risk of CV disease equal to or more than 7.5 percent should be prescribed high-dose statin. Anyone with 10-year risk of CV risk of less than 7.5 percent can be prescribed moderate dose of statins. Any patient with a combination of coronary artery disease, diabetes, hypertension, aneurysm, dissection, hyperlipidemia, peripheral vascular disease, being male and smoking, must be prescribed high-dose statins.



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High-dose statins refer to Atorvastatin (Lipitor) 40-80 milligram (mg) a day or Rosuvastatin (Crestor) 20-40 mg, while moderate dose refers to Atorvastatin 20 mg, Rosuvastatin 10 mg or Simvastatin 40 mg. Low-intensity statin therapy refers to simvastatin, 10 mg daily. According to research, half of eligible diabetic patients are not receiving statin and when they do get started it is a suboptimal dose. According to research presented at American Heart Association's scientific session in 2016, in peripheral vascular disease, high-dose statins were associated with a significant reduction in amputation as well as mortality during five years of follow up.

The side effect of statin includes muscle pain, weakness, cramps and generalized fatigue. Liver function can be checked as baseline and then a few times a year and more often if a patient is on other medication that affects liver function.

Conclusion: It has been proven that aggressive use of high-dose statins based on cardiovascular risk factors can prevent heart attack and stroke and save countless lives.

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