

# Wider use of cholesterol-lowering drugs urged for European citizens

In the history of pharmaceuticals, drugs that alter cholesterol levels have made more sales than any others. Lipitor (atorvastatin), for example, made \$12.2 billion for drugs giant Pfizer in the last year alone. Yet two recent events show the market for statins and other cholesterol-modifying drugs, in Europe especially, is far from saturation point. There is pressure from health care policy advisers, cardiologists and lipid experts alike, for a renewed onslaught on cholesterol in Europe, and for therapeutic agents that tackle lipids from different perspectives so as to fill a treatment gap left by statins.

"Europe has always been world leader in vascular risk and still is today," commented Jim Shepherd, a professor at Glasgow University, Scotland, during a meeting in Paris, France. "Whereas the world's highest cholesterol levels and cardiovascular mortality were once in Scotland, now they are in the countries of Eastern Europe," he noted.

## "Unsustainable" cost burden

A report from the Stockholm Network, a pan-European think-tank, claims Europe's social and health care systems are facing an unsustainable burden from a rising population of elderly people with heart disease, many of whom are unable to work and need expensive care for vascular complications.

The report, *Cholesterol: the public policy implications of not doing enough*, identifies a need to tackle vascular disease risk factors, of which low-density lipoprotein cholesterol is the single largest modifiable one, more efficiently so as to avert premature deaths and reduce the continuing care burden.

"There is evidence of wide-scale under-prescribing and suboptimal dosing of effective lipid-lowering agents in Europe," say the authors, who call for renewed efforts to ensure all patients who need drugs to lower LDL-C receive them. They also advocate greater use of more potent statins, or adding cholesterol absorption inhibitors to statins to ensure patients reach LDL targets. Failure to address the cholesterol problem is predicted to "plunge Europe into a significant health and welfare crisis," they state.

The Stockholm Network warns that, by 2020, Europe will have a population where one in five will be over 60 and the ratio of pensioners to workers, whose taxes maintain pensioners, will be 1:1. At least half of the elderly will suffer from vascular diseases already causing almost 2 million deaths *per year* in the European Union and costing 169.0 billion euros (\$202.92 billion) *per year* (12% of the overall total EU health care spend) to man-

age, of which 105.0 billion euros (90,000 euros *per patient*) represents direct treatment costs. The rising prevalence of type 2 diabetes in the EU to 34 million by 2020 is projected to add a further 63.0 billion euros cost for vascular complications.

At the report's launch in Brussels, Belgium, the authors stressed that well over half of patients treated with statins alone fail to reach recommended lipid targets and that, without intervention, heart disease will remain the leading cause of disablement in Europe according to a tally of disability-adjusted life years. Efforts to reduce morbidity are key to implementing policy proposals requiring a rise of retirement age beyond 65, commented co-author Stephen Pollard.

## HDL: a focus for the future

Another pan-European survey, of over 8,500 dyslipidemic subjects, shows levels of the cardioprotective high-density lipoprotein cholesterol fraction remain below recommended levels in a substantial proportion receiving statins - 40% of women and 33% of men. Mortality remains a high residual risk for most patients treated with statins but may be reduced by drugs raising HDL, said lipid experts speaking in Paris.

"It is extraordinary how much HDL is overlooked by physicians. About one third of patients treated with statins for dyslipidemia never had a single HDL measurement performed," said survey leader Eric Bruckert a professor at the University Hospital Pitie-Salpetriere, Paris,

Low HDL in addition to high LDL is the decisive factor determining which patients will experience heart attacks or strokes, said Eberhard Windler of Hamburg University. "Patients in the 4S study who didn't see an HDL increase had no protective benefit from statin therapy. "HDL-raising agents have been unpopular in the past on account of side effects, chiefly flushing, but the long-acting nicotinic acid formulation, Niaspan, would raise HDL by around 30% without causing liver toxicity and with fewer than one flush *per patient* a month," he said.

The US National Institutes of Health is now conducting the AIM HIGH study in patients with established vascular disease to measure the impact of raising HDL and lowering triglycerides with a combination of Niaspan and simvastatin on mortality.

Tackling low LDL cholesterol but neglecting high triglycerides and low HDL leaves patients at risk, said Prof Shepherd. "Increasing HDL will be the next big thing in drug therapy; we won't see any more drugs produced that predominantly lower LDL," he predicted.