



A little knowledge can be a good thing

DR THOMAS STUTTAFORD

Too many people in the UK do not know their cholesterol or blood pressure levels, and could be missing out on life-saving treatments

In Brussels morale can always be restored by a liberal helping of chips and mayonnaise accompanied by one of the local beers. *But no such pleasures were offered to delegates at a meeting of the Stockholm Network, a public affairs group who were presenting a series of papers on the management of cholesterol levels.*

The revolution needed in the way that Europeans control their levels started then and there at the conference lunch: no chips, no mayonnaise, no beer but some delicious gravlax (rich in omega-3) salads and rye bread. *Every mouthful emphasised the message of the Stockholm Network that cardiovascular disease is still the greatest cause of mortality in the UK and the European Union, and that unless average cholesterol levels are improved, this will become increasingly so and cause an unacceptable burden on health finances.*

In the US an overwhelming majority of people are aware of their cholesterol levels, both the overall cholesterol, the all-important low-density lipoprotein cholesterol (LDL) and their triglycerides. In Britain the overwhelming majority of people are unaware of these crucial figures. The Framingham study's first report on its findings between 1948 and 1951 identified that the three major risk factors for heart disease are a raised blood pressure, too high a blood cholesterol level and smoking. Not only did the Framingham report increase public consciousness of heart disease but it also offered some means by which the risk of death from it could be reduced.

Effective treatment is now available to control the blood pressure in all but an exceptionally unusual case. Control involves both lifestyle changes and medication. Anyone with even a slightly raised blood pressure needs to stay slim and take regular, vigorous but not violent exercise daily, except in extremes of temperature. Only in very hot weather should any salt be added to food, either in cooking or at the table.

Men's waistlines (measured across the belly button) should be under 40in, preferably under 37in. Women's waists should be under 35in, preferably under 32in. Although medication is available to supplement lifestyle changes there may still be a battle to ensure that it is taken. Sometimes the patient is to blame — not unnaturally, patients who feel well are reluctant to take regular pills, and sometimes doctors are not aware that everyone with a raised blood pressure, whatever his or her age and sex and whether it is the systolic or diastolic pressure, needs treatment to bring both levels down to normal.

Those with other heart risk factors such as diabetes or a raised cholesterol level need to pursue a low blood pressure with even more enthusiasm than shown by those with apparently normal health.

One factor that makes control cholesterol more difficult is that most of it circulating in the body has originated from the liver, where it has been manufactured, rather than from a plateful of chips and mayonnaise. Following a strict low-cholesterol diet, as those with a raised low-density

lipoprotein cholesterol level should, will probably reduce the levels by 25 to 30 per cent. Usually this isn't enough. The objectives that many doctors were taught to aspire to ten or 15 years ago are now outdated. In some European countries only 14 per cent of people being treated reach recent targets: an overall cholesterol certainly less than five, and LDL under two. In Europe 60 per cent of patients don't achieve this. Even UK government guidelines haven't always kept up to date with prevailing opinions of cardiologists.

Statins have proved invaluable but are still under-prescribed. There is a variety of reasons for this: failure of patients to take them regularly (about 5 per cent of patients don't take them because of side-effects), while about one doctor in three is reluctant to prescribe them because of the cost.

There is some anecdotal evidence that doctors are always worried lest one of their patients might be the very occasional person who has a serious side-effect from high-dose statin use. There are also some patients who, although well aware of the risks of strokes, heart attacks and ischaemic heart disease that are associated with too high a LDL cholesterol level, are still apprehensive about taking a larger dose of statins to control it.

There is help for the worried doctor and the apprehensive patient. For a year or two there has been a drug, Ezetrol (ezetimibe), which can be added to the cocktail that supplements the action of a statin. It enhances its effect, thereby enabling smaller doses of statins to be used by reducing cholesterol absorption. It may also be given by itself, or with statins at full doses if they are proving inadequate. It is remarkably free of worrying side-effects, but doesn't mix with warfarin.