

# The Medical Journal of Australia • MJA

# MEDIA RELEASE

## **STATINS REMAIN BEST PRACTICE FOR HIGH CHOLESTEROL**

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A NEW narrative review has shown that statins and other lipid-modifying therapies lower cardiovascular disease risk in patients with lipid abnormalities, such as raised levels of low-density lipoprotein (LDL) cholesterol (LDL-C).

The review, published online today by the *Medical Journal of Australia*, was conducted by Associate Professor Leon Simons, Director of the Lipid Research Department at the University of New South Wales, and St Vincent's Hospital, Sydney, and used original studies and review articles from 2005 to 2018 as well as specialist society publications, guidelines and conference proceedings.

"Lipid interventions with statins (ie, HMG-CoA reductase inhibitors, such as simvastatin, pravastatin, lovastatin, fluvastatin, pitavastatin, atorvastatin and rosuvastatin) lower cardiovascular risk," Associate Professor Simons wrote.

"Ezetimibe may be used as a supplement to statin therapy, or used alone in cases of statin intolerance.

"There exist statin-associated side effects, in particular muscle symptoms and new onset diabetes, which require careful management.

"Inhibitors of PCSK9 reduce LDL-C and cardiovascular risk. Evolocumab is subsidised in Australia for patients with familial hypercholesterolaemia where LDL-C is not adequately controlled with maximum doses of statin or ezetimibe, or when statin therapy is contraindicated," he wrote.

"Lipid interventions to reduce triglycerides with fenofibrate lower cardiovascular risk in type 2 diabetes when triglycerides are elevated and high-density lipoprotein is low.

"All cases of secondary prevention need intensive lipid therapy, unless a contraindication exists.

"Lipid therapy is justified in cases of primary prevention at high absolute risk, when lipids are highly elevated or when multiple risk factors are present," he concluded.

Associate Professor Simons wrote that there was an "ongoing problem of poor long-term persistence on lipid therapy, as well as reduced awareness by practitioners of poor risk factor control".

**Please remember to credit *The MJA*.**

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