

PRESS RELEASE

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**CHOLESTEROL-LOWERING DRUGS FROM CHEMIST SHOPS WILL HELP
REDUCE HEART ATTACKS, SAYS GLASGOW HEART EXPERT**

Amid the controversy over the most effective way to prevent heart attacks with cholesterol-lowering drugs (statins), Professor James Shepherd from Glasgow says, “Over-the-counter statins are the only way to go for doctors restrained by budgets and will change the face of preventive cardiology.”

Speaking at BioScience2004 today (Monday 19 July), Professor Shepherd from the Glasgow Royal Infirmary said that the introduction of statins in the 1980s provided the first really effective tool for lowering cholesterol and silenced the critics of cholesterol management as a means of reducing the risk of a heart attack.

Providing statins to all those who could benefit from them is, inevitably, costly. Heart disease is Britain’s biggest killer and every year, 270,000 people in the UK have a heart attack. The highest rates of death are in Scotland. Statins could reduce the risk of a heart attack by one-third but this would mean treating one quarter of the population. The National Health Services are stretched to meet the total £700 million UK bill for statins for the six percent of patients at highest risk.

“The implication is that even if we limit statin prescriptions to those at highest risk, others who are at moderate risk of a heart attack won’t get them,” said Professor Shepherd.

This year, the UK will be the first country in the world to make simvastatin, the most widely-used cholesterol-lowering drug, available without a prescription. Professor Shepherd urges pharmacists to carry out health checks determine a person’s level of

risk, taking into account factors such as smoking, obesity and high blood pressure, before selling statins. Those at high risk would be referred to their GP.

However, many cardiologists are worried that although the side-effects of high doses of statins are documented, there are no trials of over-the-counter statins for primary prevention of heart disease. Enabling people to buy statins directly from their local pharmacist could create a divide between those who can afford them and those who cannot; those who are overly concerned and those who deny their possible risk.

“But of course, no clinical trial can truly reflect the multi-faceted biology of real life and to eliminate a disease caused by the insidious accumulation of cholesterol over a life time would require very long trials,” said Professor Shepherd.

In addition to a person’s lifestyle, not everyone responds well to statin treatment. “Nature is not as easily tamed as we might hope,” he said. The recent discovery of a new drug called ezetimibe appears to be a very effective alternative for people at high risk of a heart attack but whose cholesterol is not adequately lowered by statins.

Statins work by preventing the body making cholesterol, whereas ezetimibe blocks cholesterol absorption. Combining the two therapies “takes us into realms of cholesterol lowering capability that we could not have dreamed of a decade ago,” he says.

Studies have already shown that inhibiting both cholesterol production and absorption can be achieved with a combination of ezetimibe and the lowest dose of statins. Ezetimibe is only available with a prescription from the GP for people at highest risk of a heart attack.

One third of people who have a heart attack die immediately and may never have had the chance to reduce their risk by cholesterol-lowering drugs, whereas people who survive a heart attack are usually prescribed statins and, now, possibly ezetimibe as part of a long-term treatment strategy.

Professor Shepherd however cautions that making statins available without prescription is not in itself a cure for heart disease. It is still just as important for people not to smoke, take regular exercise, keep their weight in check and cut down on fatty foods.

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For further information contact

Elaine Snell – Tel +44 (0)20 7738 0424; mobile +44 (0)7973 953 794
elaine.snell@which.net

Or from 18 – 22 July, BioScience2004 Press Office +44 (0)141 576 3146

Notes to Editors

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