STATINS-DRUG OF CHOICE IN HYPERCHOLESTEROLEMIC PATIENTS

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ABSTRACT

Hypercholesterolemia is the elevation of cholesterol in blood, often due to diet and lifestyle. Statins or HMG CoA reductase are a class of drug used to lower cholesterol levels by inhibiting the enzyme HMG CoA reductase, which plays a central role in the production of cholesterol in the blood. Adherence and quality of life can be improved in patients who participate in a brief face-to-face counselling session with a community pharmacist about the statin therapy.

KEYWORDS: Hypercholesterolemia pharmacist about the statin therapy.

INTRODUCTION

Hypercholesterolemia is the one of the most common chronic conditions and is strongly associated with cardiovascular diseases, including cardiovascular mortality. HMG Co- A enzymes reductase inhibitors (Statins) decrease mortality in patients with hypercholesterolemia and are the most commonly used medications for treating hypercholesterolemia.

The ACC and AHA clinical practice guidelines was developed for assessment of cardiovascular risk, lifestyle modifications, management of blood cholesterol and management of overweight and obesity in adults. The members of the Expert Panel acknowledge that a higher low-density lipoprotein cholesterol (LDL-C) level is associated with greater risk of ASCVD. Hence, lowering cholesterol level is reported to be significant in reducing ASCVD events.
Despite the well documented benefits, Statins are commonly discontinued. The statin discontinuation can increase cardiovascular events and deaths in patients with coronary artery diseases. Nevertheless, the reasons why statins are stopped are only to be explored. Consequently it is possible that statins may be discontinued inappropriately or unnecessarily representing a major barrier to this potentially lifesaving therapy.

Although statins are highly effective for decreasing LDL cholesterol levels in patients with dyslipidaemia, failure to reach LDL cholesterol targets remains common. Because outcomes are directly related to patient’s medication taking behaviour, when clinical goals are not being reached, adherence should be the first item assessed by the clinician, along with the appropriateness of the therapy given according to a standard guideline for the treatment.

**DISCUSSION**

The prevalence of hypercholesterolemia is increasing worldwide and knowledge about factors associated with hypercholesterolemia awareness and control among patients in different regions of the world will contribute to global prevention and management of this chronic disease.

It has been found that secondary hypercholesterolemia is caused by various diseases like Diabetes Mellitus, Hypothyroidism, Biliary obstruction, Nephrotic syndrome and Obesity.

Rational use of drugs for the treatment of a disease is the most important factor for the wellbeing of patients. Choice of hyperlipidemic drugs should be based on the individual benefit of patients taking into account their concomitant disease conditions.

While assessing the co morbidities, HTN, DM, ASCVD, Hypothyroidism and COPD were seen more prevalent in general population. Studies revealed a significant relationship between diabetes mellitus and hypercholesterolemia. Hypercholesterolemia in diabetics interferes with the rate of development and progression of diabetic complications. Increased lipid profile results in ASCVD and treatment with lipid lowering agents reduces ASCVD. Studies also revealed that HTN in hypercholesterolemia results in coronary disease.

It was noted that the most favoured class of lipid lowering agents, either as monotherapy or combination therapy in hypercholesterolemia patients with or without comorbidities was Statins. Among the lipid lowering agent prescribed individually, on the basis of their generic
names the commonly seen drugs were Atorvastatin, Rosuvastatin and simvastatin. Statins of different doses like 40mg, 20mg, 10mg tablets were prescribed frequently.

Patients who participated in brief face-to-face counselling sessions with a pharmacist at the beginning of statin therapy demonstrated greater medication adherence and improved the quality of life.

Medical Care for the patient with hypercholesterolemia and comorbidities, especially medication regimens has become more complex over time, producing a barrier to achieving evidence based goals of treatment. Poly pharmacy is a growing barrier to proper medication adherence and the attainment of treatment goals for all conditions that being managed. Increasing stringent and complicated lipid treatment goals and the limited amount of time available during clinical visits to discuss the multiple aspects of this care are the other significant factors that currently contribute to the low implementation of published guidelines for managing dyslipidaemia. The consequences of poor adherence are becoming clearer.

**CONCLUSION**

Possible explanations for the higher LDL goal attainment may include the impact of the disease management program and the difference in adherence rates. Looking forward, to enhance adherence will require a multi-faceted, comprehensive and empathetic approach central to any such efforts are education about the importance of controlling dyslipidaemia, clear instructions of dosing, continued interaction between patient and health care professionals, implementation of strategies to overcome high drug cost, quality of life evaluation, adverse effect identification and management, including a dose of a daily pill organiser. In all divisions, Atorvastatin prescription is the highest followed by Rosuvastatin, Simvastatin and Fluvastatin. It is clearly indicated that severity of lipid profile and safety influence in changing of prescription pattern to Atorvastatin from other statins.

**REFERENCE**


