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Published by:
AIRLANGGA UNIVERSITY SCHOOL OF MEDICINE
Accredited no. 02/DIKTI/Kep/2002
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Review Article and Clinical Experience: Pleiotropic Properties of Statins (Potential Benefits of â€œPECA-GOMESâ€• for the Elderly)

Abstract

Five major risk factors that modify LDL-Goals are (ATP-III 2001): family history of premature CHD, age (men ≥ 45 years; women ≥ 55 years), hypertension (BP ≥ 140/90 mmHg or on antihypertensive medication), low-HDL-Chol (<40 mg/dl), and cigarette. Thus, it is obvious that the elderly can be included in one risk factor. In ATP-III, Diabetes Mellitus (DM) is regarded as a CHD risk equivalent. HDL-Chol ≥ 60 mg/dl counts as a “protective” factor; its presence removes one risk factor from the total count. Coronary Heart Disease (esp. for the elderly) remains a major therapeutic challenge in the world, and strategies aimed at cholesterol lowering from the primary target of treatment (LDL-Cholesterol < 100 mg/dl) for patients with CHD, DM, and Double Jeopardy (DM plus CHD). Decreased LDL size is mainly associated with premature CHD, but it is likely that LDL particle size is not a major risk factor in the elderly. Three categories of risk that modify LDL Chol (mg/dl). Goals are: CHD and CHD risk equivalent (LDL < 100 mg/dl) for patients with CHD, DM, and Double Jeopardy (DM plus CHD).

Decreased LDL size is mainly associated with premature CHD, but it is likely that LDL particle size is not a major risk factor in the elderly. Three categories of risk that modify LDL Chol (mg/dl). Goals are: CHD and CHD risk equivalent (LDL < 100), Multiple (2+) risk factors (LDL < 130), Zero to one risk factor (LDL < 160). Statins (1st Gen: Lovastatin, Simvastatin, Pravastatin; 2nd Gen: Fluvastatin; 3rd Gen: Atorvastatin, Resuvastatin) have the primary effect to reduce LDL-Chol. However, emerging evidence indicate that Statins (f.e Atorvastatin in MIRACL, AVERT, ASAP-Clinical Trials) reduce the incidence of recurrent ischemic events, and slow the progression of atherosclerotic CHD. These clinical effects may be due to the pleiotropic effects (non-lipid mechanism) of Statins. Many of the pleiotropic properties (minimally 20 items) of the Statins have been compiled by the author, and 9 of 20 such beneficial effects can be abbreviated as PECA-GOMES (stimulate Plaque Stabilization, improve Endothelial and Platelet Function, Cellular Immunity, Anti inflammatory Response – No Glucose Intolerance Effect, lower Oxidized LDL, decrease Macrophage number, inhibit Endothelin production, suppress SMC Proliferation and Migration). It is most likely that these non-lipid properties may play pivotal roles in plaque stabilization and in improving endothelial and platelet function which then contribute to an antithrombotic effect.

Conclusion: Taken together, the results of several studies indicate that the effects of Statins may extend beyond cholesterol lowering. PECA-GOMES effects of Statins may be of great therapeutical benefits for the elderly. The results of Atorvastatin Trials support the pleiotropic effect of Statins in clinical practice.

Keyword: statin, its, pleiotropic, effect, potential, therapeutical, benefits, for, the, elderly,

Daftar Pustaka: