Letters to the Editor

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Marked differences in lipid-lowering drug use in Bologna, Italy and Funen, Denmark

In 1996, the Nobel laureates Brown and Goldstein postulated that heart attacks may be a thing of the past by early in the next century. This was based on the discovery of effective drugs (statins) for primary and secondary prevention of coronary heart disease. However, the step from these clinical trials to real life is big. Two North American studies focused on persistence of use of these drugs in the general population. In one study, a high 1-year discontinuation rate was found, and in the other about half of the surviving cohort of patients older than 65 years had stopped using lipid-lowering therapy after 5 years.

In our study, the higher discontinuation rate of lipid-lowering drugs in the Bologna area indicates that a large proportion of patients use these drugs for too short a period of time to benefit from the treatment. Also, patients may have been prescribed a statin without proper justification and in many of those the drug was stopped fairly soon. In societies with limited health care resources, it is difficult to justify public funding of these medications until these problems have received appropriate attention.

References


Heart rate variability and prognosis in coronary artery disease

We read with great interest the article by Weber et al. entitled 'Heart rate variability (HRV) and ischaemia in patients with coronary artery disease (CAD) and stable angina pectoris: influence on drug therapy and prognostic value'. We would like to add some comments. It has been suggested in previous studies that decreased HRV is a strong predictor of cardiac events in patients after acute myocardial infarction (MI). An interesting finding of the study of Weber et al. is that none of the 422 patients with stable angina (including 152 patients with a previous MI of more than 6 months) had a SDNN (standard deviation of the mean of all corrected RR intervals) below 50 ms, a cut-off level previously reported for risk stratification. The authors suggest that the population studied was at low risk of cardiac events. It was stated that there were no patients with poor left ventricular pumping performance, although no precise data are given about a haemodynamic status and/or systolic function. The prognostic value of decreased HRV in heart failure had been discussed for many years before the recent definitive results of the prospective U.K. Heart study, whereas it has been accepted as of prognostic value in post myocardial infarction patients. The non-significant prognostic value of the decrease in HRV in the study of Weber et al. may be due to the relatively short follow-up of 1 year. It should also be suggested that a decrease in HRV may only be able to detect at risk patients with both CAD (with or without MI) and systolic dysfunction. CAD alone is not specifically and independently associated with a reduced index of parasympathetic activity in patients with severe uncomplicated CAD.

An interesting aspect of the work of Weber et al. is the attempt to evaluate...