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Cholesterol levels and cholesterol lowering in idiopathic dilated cardiomyopathy

We read with great interest the recent article of Dr Christ et al.1 about the prognostic significance of serum cholesterol levels in patients with idiopathic dilated cardiomyopathy (IDC). It was found that decreased cholesterol levels do not independently predict adverse prognosis in patients with IDC and that low cholesterol levels are dependent on the severity of the disease (i.e. higher NYHA class, higher left ventricular end-diastolic diameter, and lower left ventricular ejection fraction). In contrast, the authors present an intriguing curve showing that, retrospectively, the prognosis (survival or transplant free survival) was significantly better for the few patients (~15%) who received statins at any time during follow-up. As stated in the discussion, beneficial effects of statins in heart failure patients indeed appear promising in some preliminary results, even in patients without coronary artery disease.2 However, the particular analysis and results of Dr Christ may, in our opinion, be related to the fact that the patients who received statins were likely to be those with the highest cholesterol levels, i.e. those with the lower severity of the disease as suggested by the authors themselves. Therefore, it is really not sure that the better prognosis was related to the treatment with statins or to the lipid lowering. Prospective randomized intervention trials are thus particularly needed in the field.


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Cholesterol levels and cholesterol lowering in idiopathic dilated cardiomyopathy: reply

We greatly appreciate the comments of Fauchier et al. regarding our recently published findings.3 Experimental and observational studies have raised concerns whether cholesterol lowering may adversely affect outcome in patients with chronic heart failure. We believe that those studies may not adequately address this clinically important issue due to (i) the artificial nature of those experimental studies and (ii) the mixed patient populations analysed including patients with coronary artery disease, which is an inflammatory disease by itself.

Owing to the exceptional opportunity in our institution, where patients with idiopathic dilated cardiomyopathy (IDCM) have been followed for several years (Marburg cardiomyopathy database), we have been able to examine aforementioned questions in a large cohort of IDCM patients, in whom systolic dysfunction due to other causes has been included on thorough examinations. Our data of this well-characterized patient group convincingly demonstrate that cholesterol levels depend on the severity of cardiac disease. Surprisingly, further analysis indicates that statins may beneficially affect outcome in IDCM patients supporting experimental and preliminary clinical findings in this field.2,2 Although our data appear conclusive, they were derived from post hoc analysis with all limitations inherent with subgroup analysis. In addition, (i) a large number of patients on statins did not receive those drugs throughout the whole observational period; (ii) it cannot be excluded that IDCM patients with high cholesterol levels, which is associated with better outcome as already demonstrated in our study, are preferentially treated with statins leading to bias, although we have tried to adjust during statistical analysis. Subsequently, our data need to be confirmed by well-designed, prospective, randomized trials as suggested by Fauchier. Randomized clinical studies are already on the way to clarify this exciting concept (http://cvm.controlled-trials.com/content/2/6/266).

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