

Are high-potency statins in low dose “strong statins”?

Robert Berent · Helmut Sinzinger

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The authors are claiming in the title of their paper to present effects of lipid-lowering therapy with “strong statin” on polyunsaturated fatty acids [1]. First of all, there is no accepted classification of statins dealing with strong and nonstrong or mild statins. Searching in the literature, to our knowledge you will find two papers with the term strong statin in the title. There are some differences in the potency of statins (high- and low-potency), but there is no need for creating new terms.

In their study population, lipid-lowering therapy was started with high-potency statin or was changed from a low-potency to a high-potency statin. However, there was no washout phase described in the Methods section in patients with low-potency statins. Therefore, Table 2 does not depict lipids and polyunsaturated fatty acid levels before lipid-lowering therapy.

This comment refers to the article “Effects of lipid-lowering therapy with strong statin on serum polyunsaturated fatty acid levels in patients with coronary artery disease” by Kurisu et al., in *Heart and Vessels*, published online on 21 December 2011.

R. Berent (✉)
Center for Cardiovascular Rehabilitation,
Rehabilitationszentrum Austria, Bad Schallerbach, Austria
e-mail: robert.berent@aon.at

H. Sinzinger
Institute for Diagnosis and Treatment of Lipid Disorders
and Atherosclerosis (ATHOS), Vienna, Austria
e-mail: helmut.sinzinger@chello.at

Data on the patients receiving statins before switching the medication are not provided. What the authors actually do is show a correlation between the extent of low-density lipoprotein (LDL)-cholesterol lowering versus eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) levels. However, a correlation to statins or the dose is not justified. Only mean values of the statin dose are given, which were very low for patients with coronary heart disease. Therefore, it is most likely to assume that also low-potency statins would have had the same effects, using a higher dose.

Furthermore, as outlined in the limitations, any discussion on changes in fatty acid levels requires a strict monitoring of nutritional behavior throughout that period in order to become scientifically valid.

In the Introduction the authors state that in patients taking statins, a residual risk of cardiovascular events remains during active treatment. A residual risk exists also in people with normal lipids and lipoproteins. Is the risk with normal lipids and lipoproteins without statins as high as in patients treated successfully with statins?

Summarizing, the authors simply show that a decrease in EPA and DHA is associated with the achieved decrease in LDL-cholesterol. These findings definitely do not justify such far-reaching conclusions as “additional treatment” with n-3 polyunsaturated fatty acids.

Reference

1. Kurisu S, Ishibashi K, Kato Y, Mitsuba N, Dohi Y, Nishioka K, Kihara Y (2011) Effects of lipid-lowering therapy with strong statin on serum polyunsaturated fatty acid levels in patients with coronary artery disease. *Heart Vessels*. doi:10.1007/s00380-011-0213-6