

Tratamentul statinic, aliatul dietei in managementul dislipidemiilor

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Ghidurile ESC/ESH 2021

Regiuni cu risc privind rata mortalității cardiovasculare a Organizației Mondiale a Sănătății

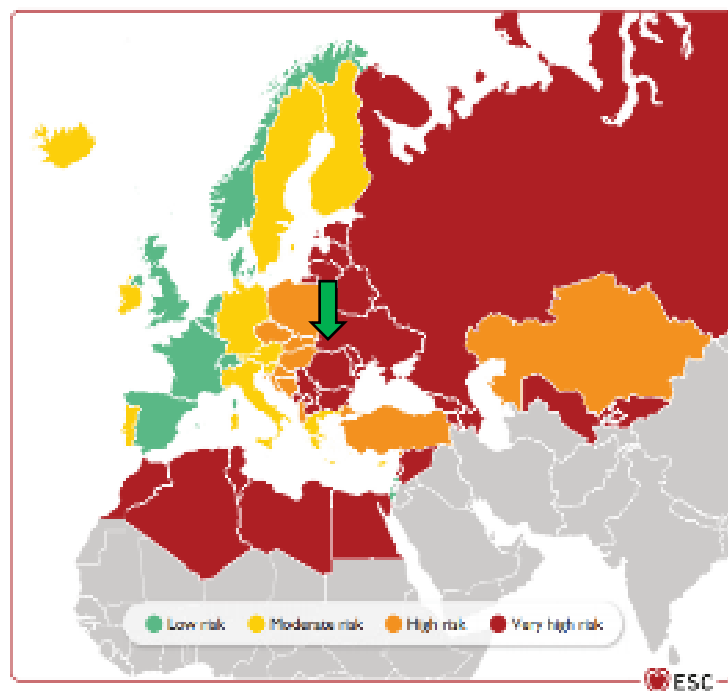
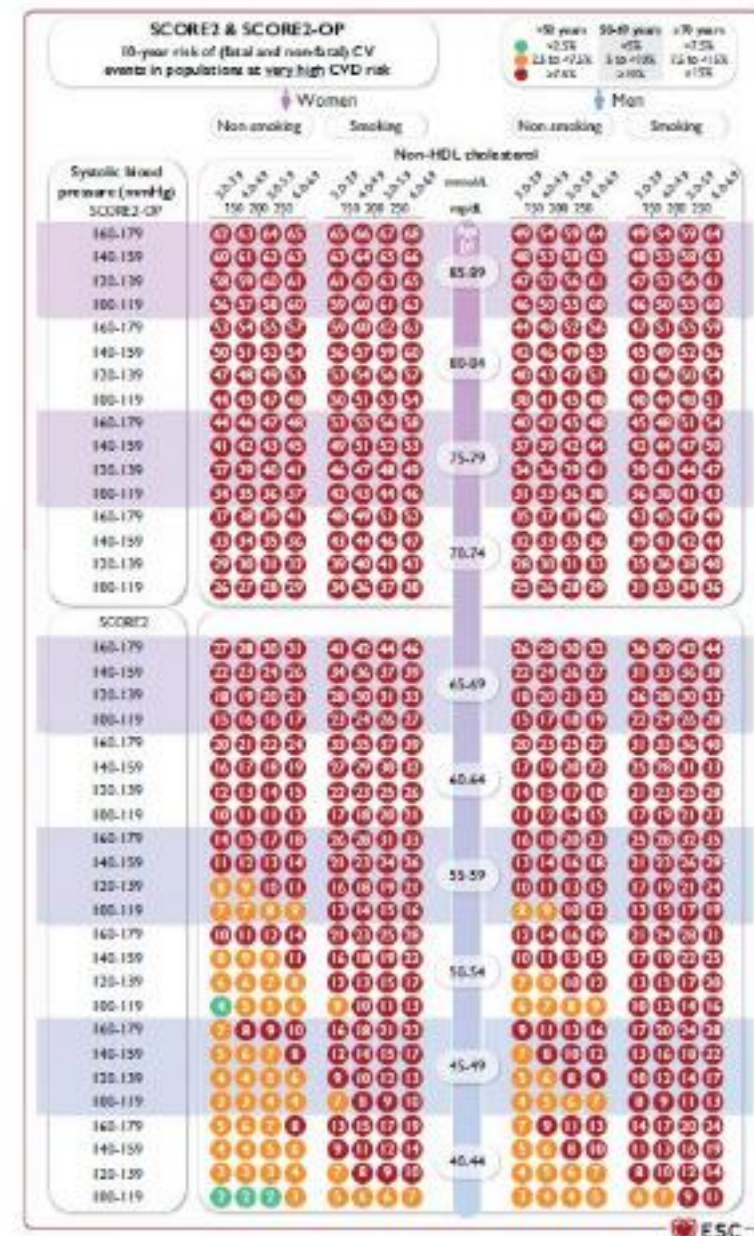


Figure 4 Risk regions based on World Health Organization cardiovascular mortality rates, 2017

SCORE2 & SCORE2-OP Harta de risc fatal sau non-fatal (infarct miocardic, boală aterosclerotică)



European Treatment goals for LDL-C across categories of total cardiovascular disease risk*

LDL-C goal + $\geq 50\%$
reduction from baseline

116 mg/dL
(3.0 mmol/L)

100 mg/dL
(2.6 mmol/L)

70 mg/dL
(1.8 mmol/L)

55 mg/dL
(1.4 mmol/L)

40 mg/dL
(1.0 mmol/L)

Low

-SCORE <1%

Moderate

-SCORE 1-5%

-Young patients (T1DM <35 years; T2DM <50 years without other RF)

High

-SCORE >5% and <10%

-Markedly elevated RF (TC >310 (8 mmol/L) or LDL-C >190 (mmol/L)

-BP > 180/110

-FH without other major risk factors

-Moderate CKD (eGFR 30-59 mL/min)

-DM >10 years or additional RF, w/o target organ damage

Very High

-SCORE $\geq 10\%$

-ASCVD (clinical/imaging)

-FH with ASCVD or with another major RF

-Severe CKD (eGFR <30mL/min)

-DM & target organ damage

Very High**

-**2nd Event within 2 years

Low

Moderate

High

Very High

High with DM

CV RISK

*Adapted from slideset available on www.escardio.org/guidelines which is from 2019 ESC/EAS Guidelines for the management of dyslipidaemias: lipid modification to reduce cardiovascular risk

INTERVENTIE TIMPURIE

U-Prevent⁺⁺

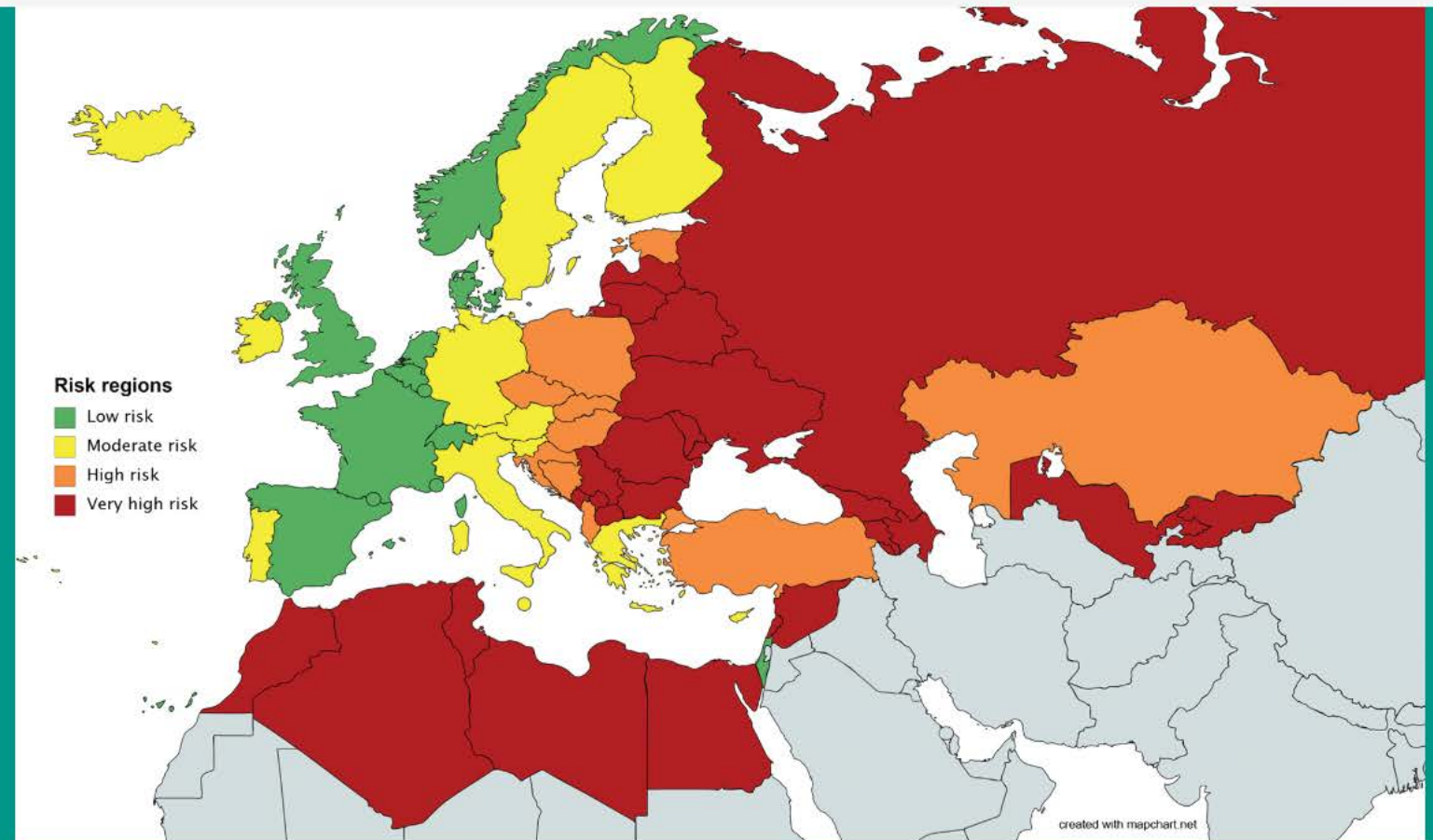
CALCULATORS

MANUAL

ABOUT

CONTACT

EN



Risk of geographic region ⓘ

Low risk

Moderate risk

High risk

Very high risk

Reference: Ference B. et al. Effect of long-term exposure to lower low-density lipoprotein cholesterol beginning early in life on the risk of coronary heart disease: a Mendelian randomization analysis. [J Am Coll Cardiol](#). 2012; 60(25): 2631-9.

SCORE2

Personal Risk Profile

Risk of geographic region

...

VH*

Gender

M*

Age

55

years

Current smoking

-

Systolic blood pressure

150

mmHg

Total cholesterol

250

mg/dL

HDL-cholesterol

40

mg/dL

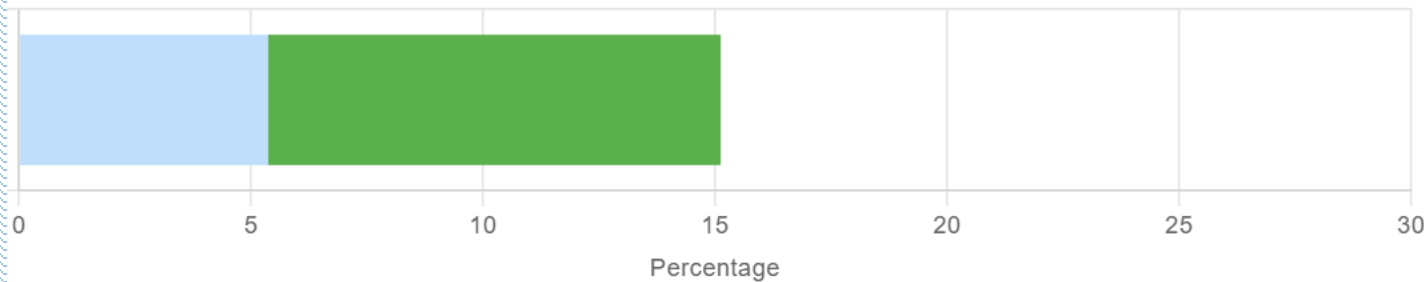
LDL-cholesterol

170

mg/dL

10-years risk

Current 10-year risk of myocardial infarction, stroke
or cardiovascular death



15.1%

Current risk 

9.8%

Reduction with treatment 

10

10-years NNT 

Future treatment

LDL-cholesterol

< 1.8 mmol/L / < 70 mg/dL

Systolic blood pressure

< 130 mmHg

Antithrombotic treatment 



Reset

Statin therapy	Daily dose	
	High intensity* (mg)	Moderate intensity** (mg)
Atorvastatin	40–80	10 (20)
Rosuvastatin	20 (40)	(5) 10
Simvastatin	–	20–40
Pravastatin	–	40 (80)
Lovastatin	–	40
Fluvastatin	–	40
Pitavastatin	–	2–4

*Reduce LDL-C by $\geq 50\%$, ** Reduce LDL-C by 30–<50%. Doses in bracket approved by FDA but not proven in trials. Adopted from Stone *et al.*^[1] LDL-C: Low-density lipoprotein cholesterol, FDA: Food and Drug Administration

	Magnitude of the effect	Level
Lifestyle interventions to reduce TC and LDL-C levels		
Avoid dietary trans fats	++	A
Reduce dietary saturated fats	++	A
Increase dietary fibre	++	A
Use functional foods enriched with phytosterols	++	A
Use red yeast rice nutraceuticals	++	A
Reduce excessive body weight	++	A
Reduce dietary cholesterol	+	B
Increase habitual physical activity	+	B

Lifestyle interventions to reduce TG-rich lipoprotein levels		
Reduce excessive body weight	+	A
Reduce alcohol intake	+++	A
Increase habitual physical activity	++	A
Reduce total amount of dietary carbohydrates	++	A
Use supplements of n-3 polyunsaturated fats	++	A
Reduce intake of mono- and disaccharides	++	B
Replace saturated fats with mono- or polyunsaturated fats	+	B

Lifestyle interventions to increase HDL-C levels

Avoid dietary trans fats	++	A
Increase habitual physical activity	+++	A
Reduce excessive body weight	++	A
Reduce dietary carbohydrates and replace them with unsaturated fats	++	A
Modest consumption in those who take alcohol may be continued	++	B
Quit smoking	+	B

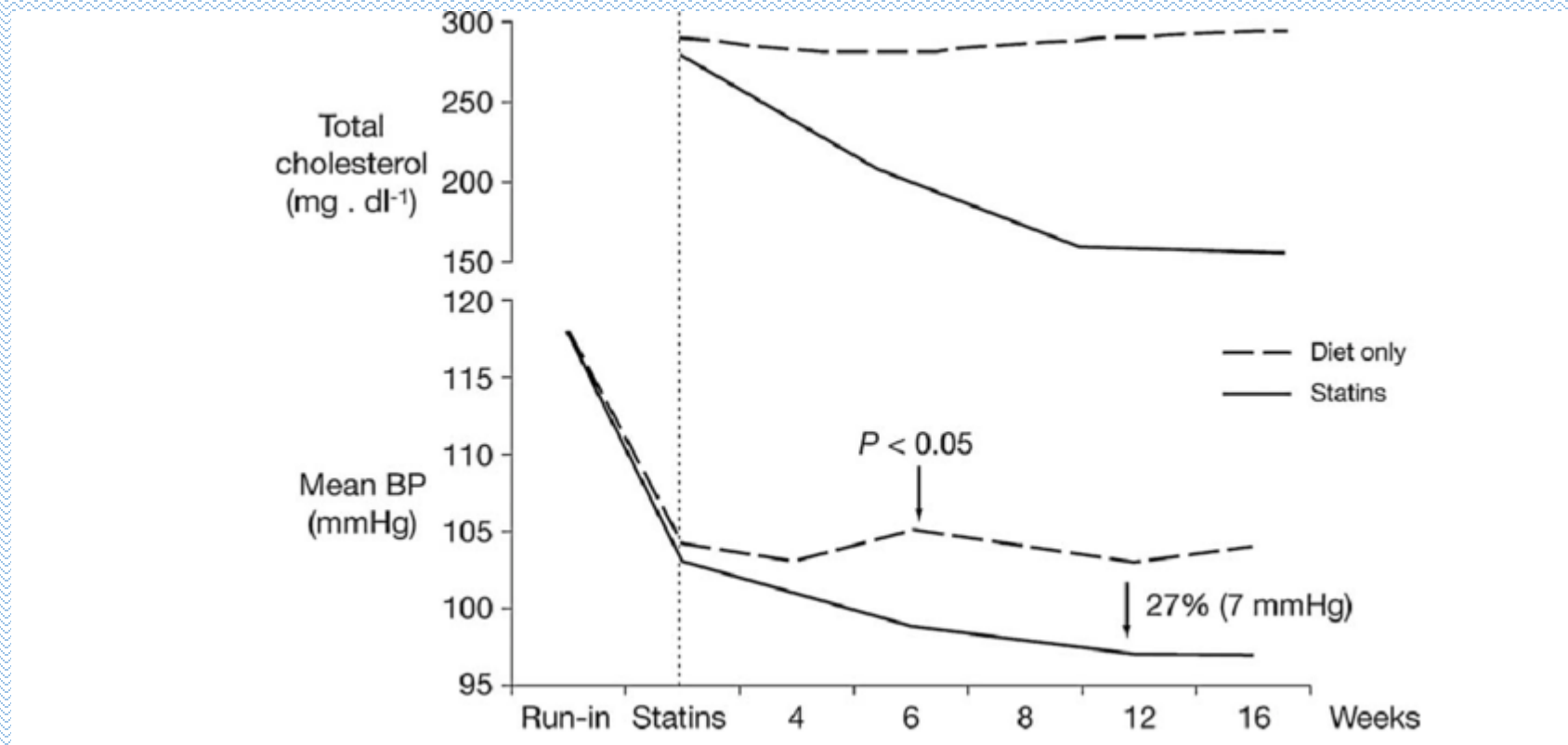
	To be preferred	To be used in moderation	To be chosen occasionally in limited amounts
Cereals	Wholegrains	Refined bread, rice, and pasta, biscuits, corn flakes	Pastries, muffins, pies, croissants
Vegetables	Raw and cooked vegetables	Potatoes	Vegetables prepared in butter or cream
Legumes	Lentils, beans, fava beans, peas, chickpeas, soybean		
Fruit	Fresh or frozen fruit	Dried fruit, jelly, jam, canned fruit, sorbets, ice lollies/popsicles, fruit juice	
Sweets and sweeteners	Non-caloric sweeteners	Sucrose, honey, chocolate, sweets/candies	Cakes, ice creams, fructose, soft drinks
Meat and fish	Lean and oily fish, poultry without skin	Lean cuts of beef, lamb, pork, and veal, seafood, shellfish	Sausages, salami, bacon, spare ribs, hot dogs, organ meats
Dairy food and eggs	Skimmed milk and yoghurt	Low-fat milk, low-fat cheese and other milk products, eggs	Regular cheese, cream, whole milk and yoghurt
Cooking fat and dressings	Vinegar, mustard, fat-free dressings	Olive oil, non-tropical vegetable oils, soft margarines, salad dressing, mayonnaise, ketchup	Trans fats and hard margarines (better to avoid them), palm and coconut oils, butter, lard, bacon fat
Nuts/seeds		All, unsalted (except coconut)	Coconut
Cooking procedures	Grilling, boiling, steaming	Stir-frying, roasting	Frying

7.5.2 Monacolin and red yeast rice

Red yeast rice (RYR) is a source of fermented pigment that has been used in China as a food colorant and flavour enhancer for centuries.

Hypocholesterolaemic effects of RYR are related to a statin-like mechanism—inhibition of hydroxymethylglutaryl-coenzyme A (HMG-CoA) reductase—of monacolins, which represent the bioactive ingredient. Different commercial preparations of RYR have different concentrations of monacolins, and lower TC and LDL-C levels to variable extents, but the consumer is not able to make that distinction.^{144,185} Moreover, the long-term safety of the regular consumption of these products has not been fully documented and safety issues due to the possible presence of contaminants in some preparations have been raised. Side effects like those observed with statins have also been reported.

In the only available RCT in patients with ASCVD, a partially purified extract of RYR reduced recurrent events by 45%.¹⁴⁶ A clinically relevant hypocholesterolaemic effect (up to a 20% reduction) has been observed with RYR preparations providing an o.d. [once daily (omni die)] dose of 2.5–10 mg monacolin K.¹⁴⁵ Nutraceuticals containing purified RYR may be considered in people with elevated plasma cholesterol concentrations who do not qualify for treatment with statins in view of their global CV risk. However, there is a clear need for better regulation of RYR supplements. Information regarding the precise composition of these products, the quantities of their components, and their purity should be implemented.¹⁸⁵



Sposito AC et al. Am J Cardiol 1999;83:1497-9.

Dr ASEEM MALHOTRA

A STATIN FREE LIFE

A revolutionary life plan
for tackling heart disease -
without the use of statins

'Riveting'
Nigella Lawson

'Fascinating and original'
Michael Mosley

THE DIET MYTH

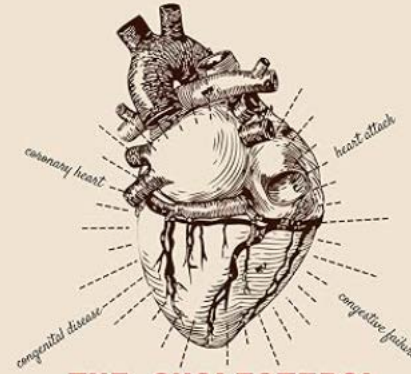


THE REAL SCIENCE
BEHIND WHAT
WE EAT

'[A] model of clear, accessible and entertaining
science writing' *Financial Times*

TIM SPECTOR

AN HEALTHY LIFESTYLE IS THE WAY OF LIFE



**THE CHOLESTEROL
MISCONCEPTION**
why high cholesterol diet doesn't translate to heart
disease

Miranda R. Bacon

THE TRUTH ABOUT STATINS

"Dr. Roberts presents the other side of the statin story."
-Dr. Paul D. Thompson, Director of Cardiology at Hartford Hospital



Risks and Alternatives to
Cholesterol-Lowering Drugs

Barbara H. Roberts, M.D.

Medically Reviewed

If I Take Statins, Can I Eat Whatever I Want?

Those pills you take to control high cholesterol are only part of the solution.

Updated Jul 15, 2024

By: Janet Lee

Medical Reviewer: Lydia Patel, Pharm.D.



Gettyimages/zelijosantrac

Va multumesc