

Re: Do drugs {including statins} and procedures benefit women and men equally?

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Source: <http://sci.tech-archive.net/Archive/sci.med.cardiology/2007-09/msg00285.html>

- *From:* MarilynMann <mannm@xxxxxxxxxxx>
 - *Date:* Tue, 11 Sep 2007 17:25:43 -0700
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On Sep 10, 9:02 am, bigvince <Vince.Mirag...@xxxxxxxxxxx> wrote:

There is a study that was done of people with familial hypercholesterolemia treated with statins starting at about age 40. The mortality of the women was the same as women in the general population, which seems like a pretty good result. Not a RCT, though.

Do you have a source for that.
Thanks Vince

1: Atherosclerosis. 2004 Feb;172(2):329-35.

Cardiovascular disease and mortality in statin-treated patients with familial hypercholesterolemia.

Mohrschladt MF, Westendorp RG, Gevers Leuven JA, Smelt AH.

Department of General Internal Medicine, Leiden University Medical Center, P.O. Box 9600, 2300 RC Leiden, The Netherlands.

Patients with familial hypercholesterolemia (FH) are at an increased risk of premature cardiovascular disease (CVD). The benefits of statin therapy are not well known since no placebo controlled studies have been performed in these patients. The aim of this study was to determine the CVD event and mortality risk in statin-treated patients with FH. A total of 345 FH patients were followed prospectively for 8 years. Mortality from CVD was compared to that of the general population. The absolute risk of CVD in patients without a previous history of CVD was 3% per year for men and 1.6% for women. Mortality from CVD in patients without a previous history was 1.4-fold (95% CI = 0.6-3.3) increased and ischaemic heart disease (IHD) mortality was 2.6-fold (95% CI = 1.1-6.3) higher compared to the general population. This mortality risk was highest in patients aged 40-59 years. Female

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FH patients had no increased CVD or IHD mortality risk. Over a period of 8 years the event risk of patients with a history of CVD was almost 30% per year under age 40 years and 15% in patients aged 60 years and over. When compared to the general population, mortality from other causes than CVD was lower for patients with FH, the relative risks not reaching statistical significance. The relative risk of mortality from all causes was 1.5 ($P < 0.05$) for men and 1.0 for women. In conclusion, male patients with FH, treated from middle-age with statins remain at an increased risk of developing CVD.

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Here it is.

Marilyn

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