

Re: stroke, homocysteine and B 12

Source: <http://sci.tech-archive.net/Archive/sci.med/2005-03/0131.html>

From: Zee (zwalanga_at_yahoo.com)

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David Rind wrote:

> *Zee wrote:*

>> *I was hoping you would comment. I am being told I *must* lower my*

>> *homocysteine. It has not responded to folate. I am also told my*

>> *physicians are "very worried" about my ldl cholesterol. These*

comments

>> *are usually followed by my getting a "non-compliant patient" talk*

>> *followed by a sign-off as patient letter cc'd to my general*

>> *practitioner.*

>>

>> *Did you see the recent post about pantethine to lower cholesterol?*

Do

>> *you have any thoughts on that? I would welcome your opinion.*

>>

>> *Zee*

>

> *I'm not sure my comments will be too helpful for a couple of reasons:*

>

> *First, it's hard for me to make useful comments about for an*

individual

> *over the Net -- it's just not similar to the information available*

when

> *seeing a patient.*

I know, for me specifically. But I meant, about substance generally,
and if you had knowledge of it.

>

> *Second, my approach to high risk cardiac situations is the one you*
like

> *least. If I were really worried that someone's homocysteine level*

(plus

> *some number of other risk factors) placed them at too high a risk for*

> *cardiovascular disease, my approach would be to have them take a*
statin.

And I would be happy to take statins were I not still suffering from my previous statin use and quite certain I would kill myself by taking one again. Over and over I was talked into going on yet a different one, or back on a previous one, because I AM AFRAID. I hoped, like anyone else, they would help me. My physicians would love for me to take Crestor and would write the script immediately, not because there is any evidence of overall efficacy—in me—but because it lowers numbers. A physician friend (who does not treat me) referred to it as:

"My profession is notoriously numerically fixated (it's easier to be quick and dirty – and linear – that way). Numerical endpoints and standards make us slaver like caged vampires."

<http://tinyurl.com/3ku3r>

>

> *High homocysteine levels do seem to correlate some with cardiovascular*

> *risk, but we really don't know that lowering those levels with folate*

> *(or with folate plus other vitamins) really has any important impact on*

> *that risk.*

I am well aware of that. And so are my physicians. I suspect they are grasping at straws with me and others like me. I know there are several on this newsgroup taking folate et al to lower homocysteine.

I don't know of any evidence that anyone "must" lower their

> *homocysteine level, since we don't actually know that doing so has any*

> *beneficial effect. In contrast, statins clearly lower cardiovascular risk.*

So you say. I think it is one of those u shaped curves, for many. Me.

>

> *I didn't notice the post on pantethine (is this pantothenic acid?), but*

> *in the absence of any specific information my take would be similar to*

> *what I posted a while ago about ezetimibe (and also similar to what I*

> *wrote about lowering homocysteine levels above). Knowing that something*

> *lowers cholesterol levels in and of itself isn't that convincing to me*

> *that it will show clinical benefit.*

Right. It may lower cholesterol. And so? {shrug}. Merely wondered; had you used it...heard of it.

It is really not at all clear that

> *the benefit of statins doesn't have a lot to do with effects separate*

> *from lowering cholesterol levels.*

Aspirin.

I believe we really need trials with

> *clinical endpoints for any drug intended to treat*
hypercholesterolemia.

>

> --

> *David Rind*

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Zee