Новости конгрессов: липидология.

Coronary Artery Risk Development in Young Adults (CARDIA)

- Повышенный уровень ХС-ЛПНП ≥4,1 ммоль/л у молодых людей в возрасте18-20 лет приводил к выявлению коронарного кальция спустя 20 лет у 44% участников исследования, и только у 8% с уровнем ХС-ЛПНП<1,8 ммоль/л (p<0,001)

Ann Intern Med 2010: 153:137-146.

ALPHA-OMEGA

N-3 жирные кислоты и сердечнососудистые события после инфаркта миокарда

ALPHA OMEGA

Results: Low-dose supplementation with the n-3 fatty acids eicosapentaenoic acid (EPA), docosahexaenoic acid (DHA), or plant-derived alpha-linolenic acid (ALA) failed to reduce cardiovascular events in a large cohort of patients who had previously had an MI.

*The investigators, including trial leader **Dr Daan Kromhout** (Wageningen University, the Netherlands), say the negative findings are likely the result of the optimal medical therapy that patients in the trial were receiving following their index MI. All patients were treated with "state-of-the-art antihypertensive, antithrombotic, and lipid -modifying therapy," and this might explain the discrepancy with previous studies that suggested n-3 fatty acids, particularly EPA, might be cardioprotective following MI.*

See Alpha Omega Trial: n-3 fatty acids fail to reduce cardiovascular events in post-MI patients for more information.

Испытание по обогащению диеты n-3 жирными кислотами (эйкозапентоеновой – ЭПК и докозагексоеновой - ДГК), проведенное у пациентов перенесших инфаркт миокарда, получающих активную современную терапию

Alpha Omega Trial: Primary and secondary outcomes in EPA-DHA alone vs placebo/ALA

Outcome	EPA-DHA patients (n=2404), %	Placebo or ALA-only patients (n=2433), %	Hazard ratio (95% CI)
Major cardiovascular events*	14.0	13.8	1.01 (0.87–1.17)
•Incident cardiovascular disease	7.0	7.6	0.92 (0.75–1.13)
•Death from cardiovascular disease	3.3	3.4	0.98 (0.72–1.33)
•Death from coronary heart disease	2.8	2.9	0.95 (0.68–1.32)
•Ventricular arrhythmia-related events	2.8	3.0	0.90 (0.65–1.26)
•Any death	7.7	7.6	1.01 (0.82–1.24)

***Primary end point**
EPA=eicosapentaenoic acid
DHA=docosahexaenoic acid
AHA=alpha-linolenic acid

Kromhout D et al. *N Engl J Med* 2010;available at: http://www.nejm.org.

Alpha Omega Trial: Primary and secondary outcomes in ALA alone vs placebo/EPA-DHA

Outcome	ALA patients (n=2428)	Placebo or EPA-DHA-only patients (n=2409)	Hazard ratio (95% CI)
Major cardiovascular events*	13.2	14.5	0.91 (0.78–1.05)
•Incident cardiovascular disease	7.0	7.7	0.90 (0.73–1.11)
•Death from cardiovascular disease	3.2	3.5	0.94 (0.69–1.27)
•Death from coronary heart disease	2.7	3.0	0.92 (0.66–1.29)
•Ventricular arrhythmia-related events	2.6	3.3	0.79 (0.57–1.10)
•Any death	7.6	7.7	0.97 (0.79–1.19)

***Primary end point**
EPA=eicosapentaenoic acid
DHA=docosahexaenoic acid
AHA=alpha-linolenic acid

Kromhout D et al. *N Engl J Med* 2010;available at: http://www.nejm.org.

CTT meta-analysis: No cancer risk with statins, low LDL-cholesterol levels

- Included in the data were 21 studies, including more than 130 000 patients, comparing statins vs placebo controls, and five studies, with approximately 40 000 patients, examining different statin doses. Overall, there was no risk of cancer with statin therapy, and there was no increased risk observed among patients treated with higher statin doses. Numerically, the number of patients who developed cancer was nearly identical in the statin and control arms and in the statin trials comparing higher vs lower doses.

AUGUST 30, 2010 | Michael O'Riordan

Дополнительные результаты исследования JUPITER

- У пациентов, получавших плацебо и имевших средний уровень ХС ЛНП 2,8 ммоль/л исходно и на терапии, уровень ХС ЛВП обратно корелировал с кардиоваскулярным риском. Напротив, у пациентов, принимавших розувастатин и имевших при этом уровень ХС ЛНП 1,42 ммоль/л, уровень ХС ЛВП не являлся предиктором кардиоваскулярного риска.

Спасибо за внимание!