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**To: General Practitioners, Practice Nurses, Community Pharmacists.**  
cc Chronic Disease Nurse Specialists

Dear Colleague

### **Statin prescribing – the facts**

The front page article which appeared in The Sentinel yesterday (March 19<sup>th</sup>) confuses two separate issues. You may have questions from concerned patients, in particular those patients who have had a switch in therapy to simvastatin in recent months. The following information summarises the facts around statin prescribing and gives you some key messages which may help to allay patients fears.

#### 1. Which drug?

- The national moves to promote the use of simvastatin are supported by performance targets set for PCTs. Switch schemes from atorvastatin 10mg/20mg to simvastatin 40mg are widespread in the UK and have broad support from cardiac networks.
- Atorvastatin has a greater bioavailability and longer half life than simvastatin for a given dose but in practice less potent drugs can achieve similar lowering of blood cholesterol if higher doses are used. Put simply, simvastatin 40mg is equivalent in potency to atorvastatin 10mg/20mg and is much more cost effective.
- No published double blind randomised clinical trials, with sufficient power to detect differences in cardiovascular outcomes, have directly compared different statins **at equally effective lipid lowering doses**. This would be required to demonstrate the superiority of one statin over another.
- In Stoke-on-Trent there is a lipid lowering guideline which has been agreed following consultation with the hospital and with local PCTs. This guideline includes a number of steps which support the use more potent drugs/doses for patients who don't reach target on simvastatin 40mg.
- For the ten PCTs in Staffordshire and Shropshire the switch from Atorvastatin 10mg/20mg to Simvastatin 40mg will save £7million annually.

2. Which patients? The Sentinel article confuses this with another important issue: the possible benefit of intensification of statin therapy for a relatively small group of high risk patients. The evidence from large trials is currently under review by the National Institute for Health and Clinical Effectiveness (NICE) whose appraisal is due in Dec 2007, this will determine in which group of patients intensification of statin therapy is suitable. Intensive statin therapy means treatment with high dose simvastatin 80mg, atorvastatin 80mg and rosuvastatin 40mg.

Simple "key messages" which may allay patients fears are:

- Simvastatin 40mg is a sufficiently potent drug /dose combination for treatment of patients who require up to a 40% reduction in the LDL-cholesterol i.e. most patients.
- There is poor tolerability and inherent risk (muscle symptoms, peripheral neuropathy, liver function abnormalities) attached to use of intensive statin therapy.
- Intensive statin therapy is being reviewed by NICE and will not become national policy until NICE have considered the clinical trial evidence, and determined which patients will most benefit.

If you would like to discuss further please contact the Medicines Management team at the PCT.

Yours sincerely



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