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Cerivastatin

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The role of lipid lowering, specifically reduction of blood low density lipoprotein (LDL)-cholesterol levels, in both primary and secondary prevention of coronary artery disease (CAD) is now firmly established. In addition, recent trials have clearly shown that a reduction in lipid levels results in a significant reduction in all cause mortality.

In essence, these large and numerous studies strongly support and validate the therapeutic guidelines formulated and promoted by many health authorities such as the US National Cholesterol Education Program and the European Atherosclerosis Society.

The reduction in lipid levels and subsequent CAD risk have been achieved through the use of HMG-CoA reductase inhibitors ('statins'), the degree of risk reduction being clearly related to the degree of LDL-cholesterol reduction irrespective of the statin.

While statins are now the drugs of first choice for the treatment of all forms of hypercholesterolaemia (increased LDL-cholesterol levels) from mild to severe, there is growing evidence that they are also effective in lowering triglycerides in patients with combined hyperlipidaemia (triglyceride levels 200 to 700 mg/dl).

Cerivastatin offers some potential benefits in addition to the lipid-lowering activity found with other statins. The low peripheral drug load associated with the ultra low dosing (combined with an alternative catabolic pathway when cytochrome CYP450-3A4 is blocked) appears to reduce the potential for serious adverse effects such as myopathy caused by interactions with drugs such as erythromycin, itraconazole and cyclosporin.

The reduction in LDL-cholesterol levels achieved with the currently approved cerivastatin dosages of up to 0.3 mg/day is modest but competitive with other statins. However, current studies using higher dosages indicate that cerivastatin has the potential to compete with simvastatin and atorvastatin. ▲