

## Additional content - Atorvastatin (Lipitor) for the management of lipid disorders

### Studies of atorvastatin, simvastatin and pravastatin compared with placebo or usual care: plasma LDL-cholesterol reduction and major coronary events

Study population*: statin versus placebo or usual care	Primary prevention study	Secondary prevention study	Mean % LDL-C reduction (level, mmol/L)	% ARR of major coronary events†	NNT (to prevent one major coronary event)
<b>Atorvastatin versus placebo</b>					
<b>ASCOT-LLA</b> <ul style="list-style-type: none"> <li>Atorvastatin 10 mg</li> <li>Hypertension plus at least three other CV risk factors</li> </ul>	✓	✓ ‡	33% (2.3)	1.1%	91
<b>CARDS</b> <ul style="list-style-type: none"> <li>Atorvastatin 10 mg</li> <li>Type 2 diabetes mellitus plus at least one other CV risk factor</li> </ul>	✓		36% (2.0)	1.9%§	53§
<b>Atorvastatin versus usual care</b>					
<b>GREACE</b> <ul style="list-style-type: none"> <li>Atorvastatin 10–80 mg</li> <li>CHD</li> </ul>		✓	46% (2.5)	3.8, 2.3%‡‡	26, 43‡‡
<b>ALLIANCE</b> <ul style="list-style-type: none"> <li>Atorvastatin 10–80 mg</li> <li>CHD</li> </ul>		✓	34% (2.5)	3.5%¶	29¶
<b>Simvastatin versus placebo</b>					
<b>4S</b> <ul style="list-style-type: none"> <li>Simvastatin 10–40 mg</li> <li>Angina, MI</li> </ul>		✓	35% (3.2)	9.0%	11
<b>HPS</b> <ul style="list-style-type: none"> <li>Simvastatin 40 mg</li> <li>CHD, peripheral arterial disease, cerebrovascular disease, diabetes mellitus, hypertension</li> </ul>	✓	✓	32% (2.3)	3.1%	32
<b>Pravastatin versus placebo</b>					
<b>WOSCOPS</b> <ul style="list-style-type: none"> <li>Pravastatin 40 mg</li> <li>Hypercholesterolaemia (men only)</li> </ul>	✓		26% (3.7)	2.2%	45
<b>CARE</b> <ul style="list-style-type: none"> <li>Pravastatin 40 mg</li> <li>Acute MI</li> </ul>		✓	32% (2.5)	3.0%	33

<b>LIPID</b> <ul style="list-style-type: none"> <li>• Pravastatin 40 mg</li> <li>• MI, unstable angina</li> </ul>		✓	25% (2.9)	3.6%	28
<b>PROSPER</b> <ul style="list-style-type: none"> <li>• Pravastatin 40 mg</li> <li>• Risk factors for, or existing, vascular disease (elderly, age 70–82 years)</li> </ul>	✓	✓	27% (2.8)**	2.1%	48
<b>Pravastatin versus usual care</b>					
<b>ALLHAT-LLT</b> <ul style="list-style-type: none"> <li>• Pravastatin 10–40 mg</li> <li>• Hypertension plus at least one other CV risk factor</li> </ul>	✓	✓	27% (2.8)	0.7%††	143††
<b>GISSI</b> <ul style="list-style-type: none"> <li>• Pravastatin 10–40 mg</li> <li>• Acute MI</li> </ul>		✓	15% (3.3)	0.8%††	125††

**Key:** LDL-C = LDL-cholesterol, ARR = absolute risk reduction, NNT = number needed to treat (number of patients who need to be treated to prevent one event), CV = cardiovascular, CHD = coronary heart disease, MI = myocardial infarction

\* Patient populations, study durations (2–6 years) and trial designs varied between studies thus interpretation of results must be undertaken with caution

† Non-fatal MI and death related to CHD (primary endpoint in most studies)

‡ History of stroke or transient ischaemic attack (study excluded patients with MI or angina)

§ Includes unstable angina

‡‡ ARR 3.8% (NNT 26) non-fatal MI, ARR 2.3% (NNT 43) death related to CHD

¶ Includes unstable angina and revascularisation

\*\* At 2 years follow-up, not study average

†† Not statistically significant

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The information contained in this material is derived from a critical analysis of a wide range of authoritative evidence. Any treatment decisions based on this information should be made in the context of the clinical circumstances of each patient.