was no increased risk of haemorrhagic stroke with high-dose statin therapy. This meta-analysis again showed the greatest benefit was from a higher dose statin.

The TNT study was specifically for patients with stable coronary disease.[3] We therefore feel a recent trial is more relevant as it is studying cholesterol management after stroke or transient ischaemic attack.[4]

Given the low incidence of haemorrhagic stroke in SPARCL,[1] the results of the meta-analysis,[2] and the recommendations of the Stroke Foundation, we feel confident recommending careful management of cholesterol after a transient ischaemic attack or stroke. Our practice is to reduce low-density lipoprotein below 1.8 mmol/L.

For patients with large artery disease, for example high-grade carotid stenosis, we recommend high-intensity statins, such as rosuvastatin 20–40 mg or atorvastatin 40–80 mg. The patient's blood pressure should be controlled before starting high-dose statins. In patients without significant large artery disease, our practice has been to use moderate intensity statins such as rosuvastatin 5–10 mg or atorvastatin 10–20 mg.

REFERENCES

1. Amarenco P, Bogousslavsky J, Callahan A 3rd, Goldstein LB, Hennerici M, Rudolph AE, et al, Stroke Prevention by Aggressive Reduction in Cholesterol levels (SPARCL) Investigators. High-dose atorvastatin after stroke or transient ischemic attack. N Engl J Med 2006;355:549-59. https://doi.org/10.1056/NEJMoa061894
2. Tramacere I, Boncoraglio GB, Banzi R, Del Giovane C, Kwag KH, Squizzato A, et al. Comparison of statins for secondary prevention in patients with ischemic stroke or transient ischemic attack: a systematic review and network meta-analysis. BMC Med 2019;17:67. https://doi.org/10.1186/s12916-019-1298-5
3. LaRosa JC, Grundy SM, Waters DD, Sheer C, Barter P, Fruchart J-C, et al; Treating to New Targets (TNT) Investigators. Intensive lipid lowering with atorvastatin in patients with stable coronary disease. N Engl J Med 2005;352:1425-35. https://doi.org/10.1056/nejmoa050461
4. Amarenco P, Kim JS, Labreuche J, Charles H, Abtan J, Béjot Y, et al; Treat Stroke to Target Investigators. A comparison of two LDL cholesterol targets after ischemic stroke. N Engl J Med 2020;382:9-19. https://doi.org/10.1056/NEJMoa1910355

Beyond romosozumab

Aust Prescr 2021;44:147
https://doi.org/10.18773/austprescr.2021.036

I am writing in relation to the new drug comment about romosozumab (Evenity),[1] published in *Australian Prescriber*. There is no mention that when treatment with romosozumab is completed transition to an antiresorptive therapy is required to preserve bone mass, as recommended in the Australian approved product information. This states, 'After completing Evenity therapy, transition to an antiresorptive osteoporosis therapy is required to preserve bone mass.' I bring this to the attention of your readers in the interest of the quality use of medicines.

Jeffrey Hassall
Senior Medical Advisor, Amgen Australia, Sydney

Conflicts of interest: Jeffrey Hassall is employed by Amgen Australia and has stock/stock options in Amgen Inc.

REFERENCE

1. Romosozumab for osteoporosis. Aust Prescr 2021;44:109-10. https://doi.org/10.18773/austprescr.2021.021