

The Evening Sun[®]

Vol. 162—No. 28

BALTIMORE, TUESDAY, NOVEMBER 27, 1990

★ 35 CENTS

Clogged arteries yielding to combination of drugs

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FOR HEART patients with blocked arteries, the battle to survive is not won with a bypass operation alone.

Such patients remain at very high risk of having a heart attack and often need further treatment with cholesterol-fighting drugs.

At medical centers here and across the country, cardiologists now are using combinations of the drugs in what is known as "aggressive therapy" to combat coronary artery disease.

Those practicing it include Dr. David A. Meyerson at University of Maryland Medical Center and Dr. Michael Miller at Johns Hopkins Hospital.

They are using cholesterol-lowering drugs such as lovastatin, which as recently as two years ago was thought to be unsafe. Since then, however, studies have shown that this and other drugs can be used effectively, without damaging side effects.

"This therapy does not make heart disease disappear, but it improves it and has the effect of preventing other critical events," says Meyerson, director of UM's Center for Preventive Cardiology.

"When someone already has heart disease, a physician has to be aggressive or else his patient is just going to have heart attack after heart attack and he's going to die."

It's important to realize that once a person has had a heart attack, the risk for repeat coronary events is five or six times greater than before the first attack, says Miller, of the Hopkins Center for Preventive Cardiology.

Heart disease is the leading cause of death in America. Statistics show there are 7.2 million people in the United States who have heart disease, and about 500,000 of them die of heart attacks every year. A like number survive attacks but go on to have repeat episodes.

Lovastatin, also known by the trade name Mevicor, inhibits the action of the enzyme that is responsible for an overproduction of cholesterol by the livers of many people. Nicotinic acid or Niacin also acts on the liver and has the effect of lowering cholesterol.

AT UM, lovastatin is combined with colestipol or Colestid, a bile acid drug, that prevents cholesterol from ever being released in the system. Or Niacin is combined

with Colestid.

At Hopkins, patients usually are started on one drug, either Mevicor or a medication like cholestyramine, another bile acid drug. But, if the cardiologists are using Mevicor to begin with, they might try cholestyramine on top of it to get the desired low cholesterol level, according to Miller.

"We think if a person has a high cholesterol, that we need to bring it down," he says. "But we just start off slowly because you have to monitor the patient."

Cardiologists throughout the country's major medical centers have had heightened concern about preventing repeat episodes of life-threatening attacks ever since Dr. Greg Brown of the University of Washington Medical School reported his early findings before the American Heart Association a year ago.

A full account of his work over the last four years, published this month in the New England Journal of Medicine, is being hailed as a landmark study.

His research examined the effects of the same combinations of anti-cholesterol drugs now being used at UM in people who had high levels of LDL, or low-density lipoprotein. LDL is also known as the "bad" cholesterol because it clings to arterial walls where it promotes a buildup of plaque.

Plaque, made up mostly of cholesterol and fibrous material, causes arteries to narrow and eventually shut down.

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