

BABY BOOMERS & CHOLESTEROL

Ask Your Pharmacist

As the youngest Boomers turn 43, and the oldest turn 61 this year, health and wellness continues to be their primary focus. A recent survey revealed that there's a distinct portion of this group with a higher set of expectations, who are taking proactive measures to maintain their health and vitality. This group, according to the survey, has been named "Generation V" largely because they define themselves by their ability to remain vital and vibrant.

However, some recent surveys reveal a startlingly different picture than the popular media image of Generation V, who look much younger than their age and continue to pursue all the things they enjoy throughout their lives. These surveys are consistently finding that Boomers tend to describe themselves as less healthy than their forebears did at the same age.

A federally funded Health and Retirement Study, which is tracking more than 20,000 U.S. adults as they move through middle age toward retirement seems to have some red flags. When researchers examined the first wave of baby boomers to enter the study, 5,030 adults born between 1948 and 1953, they were shocked to discover that they appeared to report poorer health than groups born between 1936 and 1941, and between 1942 and 1947. They were also more likely to report pain, drinking and psychiatric problems, and chronic problems such as high blood pressure, high cholesterol and diabetes.

What is not so clear is whether boomers are really less well or are simply more health-conscious since they are better educated and have easier access to information. Could it be that they are more likely to notice and complain about aches and pains which earlier generations would have accepted as just part of getting older?

It is important to realize that people between ages 45-60 years are more at risk for high cholesterol. The American Heart Association reports that some 107 million Americans have borderline high or higher cholesterol levels. Experts say that ignoring even slightly elevated cholesterol levels may be a setup for disaster. Almost nobody knew about the dangers of high cholesterol 50 years ago. All-American foods, like hamburgers and steak, dominated the food market. But now, for every greasy hamburger joint, there's

a sandwich shop that offers a wide array of vegetables, or a juice bar that supplements drinks with vitamins upon request. Americans are becoming more aware and for good reason, heart disease is still the nation's leading killer.

The revised U.S. cholesterol guidelines set the lowest level yet for high-risk patients, with recommendations for aggressive use of drugs to get levels down. In the past, patients were told to get their low density lipoprotein (bad cholesterol) levels down to about 100; the current guidelines say the highest-risk people need to aim for lower LDL levels. Previous guidelines had suggested a target LDL of less than 100.

A group of drugs called statins have become very popular and have been widely prescribed in recent years to lower high blood cholesterol and thus reduce the risk for heart disease. To meet these new guidelines, many more patients are now prescribed statins to lower cholesterol.

Statins are quite effective in decreasing heart disease. Commonly prescribed statins include lovastatin (Mevacor), simvastatin (Zocor), pravastatin (Pravachol), fluvastatin (Lescol), and Atorvastatin (Lipitor). These drugs lower cholesterol by slowing down the production of cholesterol and by increasing the liver's ability to remove the LDL-cholesterol already in the blood. Therefore, taking a statin as prescribed by your doctor will help you to reach the target LDL cholesterol level that is right for you.

When it comes to cholesterol-lowering drugs, more is better. At least, that's what heart doctors and heart patients have been hearing in recent years. As a result, more patients are taking higher doses of statin drugs, leading to lower heart and stroke risk, but also higher prescription drug costs and more frequent side effects.

Now, a new study looks at whether those higher doses, and higher costs, are really going to pay off for some patients. For those with a recent heart attack or what doctors call 'acute coronary syndrome,' researchers say the answer is yes.

However, the picture is less clear for those patients with known heart blockages who have stable symptoms. For them, the usual dose of their statin may provide adequate heart-protecting benefit, and the higher cost of high-dose statins may provide only marginal benefit at much greater cost, especially if they use generic statins.

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BABY BOOMERS & CHOLESTEROL (continued)

The study, from a team at the University of Michigan Cardiovascular Center and the V.A. Ann Arbor Healthcare System, is published online in the journal *Circulation*. It's based on a sophisticated computer analysis of data from thousands of patients.

The team finds that patients with a recent history of acute coronary syndrome (ACS), either a heart attack or hospital stay for chest pain, get so much benefit from higher statin doses (more than four additional quality-adjusted months of life) that the extra cost of an increased dose is worthwhile, even if the difference is a few dollars a day.

But for patients with stable coronary artery disease (CAD), whose arteries have been narrowed by plaque but who haven't had a recent heart attack or hospitalization for chest pain, the much smaller gain (about 5 weeks of quality-adjusted life) from a higher dose of a statin may not be sufficient to outweigh the extra cost.

HOW CAN NUTRITIONAL SUPPLEMENTS HELP?

Besides the addition of CoQ-10, there are a number of other nutritional supplements known to mitigate the effects of high cholesterol.

Vitamin E prevents oxidation of cholesterol, and may therefore be useful for preventing the harmful effects of high cholesterol.

Extended release niacin has been shown to reduce total cholesterol levels, and increase HDL cholesterol.

Folic acid, vitamin B6 and vitamin B12 may help to prevent oxidation of LDL cholesterol by reducing blood levels of an amino acid called homocysteine, which is thought to be involved in LDL oxidation.

"Clinical trials have effectively demonstrated that high-dose statins reduce cardiovascular endpoints in patients with established coronary artery disease. However, we found that whereas high-dose statin therapy reduced mortality in patients with acute coronary syndromes, patients with stable coronary artery disease had no mortality benefit from high-dose statins, but only reductions in stroke and repeat heart attack risk," says Paul Chan, M.D., M.Sc., the study's lead author and a fellow in cardiovascular medicine at the U-M Medical School.

In general, statin drugs lower the levels of cholesterol in the blood, which is thought to slow the formation of plaque along artery walls, but they also appear to play a role in reducing inflammation, also a major factor in heart disease. Studies that have compared high and standard doses of statins have shown significant differences in the risk of negative events among the patients taking the higher doses. This has helped lead to the current recommendations by the federal National Cholesterol Education Program and others, which call for aggressive statin treatment.

However, while these drugs block cholesterol production in the body, there is an unfortunate consequence for their use. The activity of statin drugs may deplete coenzyme Q10 levels in the body.

Nutritional experts believe that in the long run, statin drugs could predispose patients to heart disease by lowering their CoQ10 status, the very condition that these drugs are intended to prevent. Additionally CoQ10 has been shown to significantly decrease LDL cholesterol and oxidative damage, while increasing levels of HDL cholesterol.

Just as your pharmacist recommends potassium supplementation while on many blood pressure lowering medications, you should take a CoQ-10 supplement when undergoing statin therapy. Experts advise that consumption of 100 to 200 mg per day of CoQ10 can reverse CoQ10 depletion induced by statins.

If you are taking a statin drug (especially higher doses for an extended period of time), you need to consider CoQ10 supplementation. It is imperative that you ask your pharmacist about the right dosage of coenzyme Q10 if you are on any of the cholesterol reducing medications.

HOW LOW SHOULD YOUR LDL LEVELS BE?

If you've recently suffered a heart attack, the answer is 70 or less. The current guidelines suggest that for those who have just had a heart attack or who have multiple other risk factors for heart attacks, aim for an LDL of 70 or less. This means using high doses of statin drugs or combinations of cholesterol-lowering drugs.

The guidelines set by the National Cholesterol Education Program following five studies of cholesterol-lowering drugs are aimed to reduce complications and deaths from heart disease, as well as costly surgical procedures. The current guidelines imply drug therapy for almost all high-risk patients with LDL levels over 100, and the recommendation is to medicate everyone with LDL above 100.