Tablet Press

The prescribing newsletter for GPs, nurses and pharmacists in Northamptonshire Primary Care Trust

Issue 28 **January 2009**

- **Cheaper generic statins are just as successful at achieving QoF targets**

According to a recent study (Petty D, Lloyd D. Can cheap generic statins achieve national cholesterol lowering targets? J Health Serv Res Policy 2008;13:99-102) PCTs with a high proportion of simvastatin and pravastatin prescribing are just as successful at achieving Quality and Outcomes Framework (QOF) national cholesterol targets as those that used more atorvastatin, rosuvastatin or fluvastatin.

The study (done by cross-referencing QOF data for 2005/2006 with prescribing data for the same year) found no evidence of a statistically significant association between the use of simvastatin and pravastatin (measured as a percentage of all statin items) and success in achieving the QOF national cholesterol targets. The average achievement of the QOF indicators for CHD, stroke or TIA, and diabetes were 78% (range 66% to 88%), 72% (58% to 82%) and 79% (67% to 88%), respectively). The percentage use of simvastatin/pravastatin by PCTs varied from 18% to 84% with a mean value of 57%.

Northamptonshire PCT's usage was 56% in 2005-6 and was 76% in the last 12 months.

This study provides reassurance to prescribers that they should continue to follow recent NICE guidance on lipid modification and initiate lipid-lowering therapy with the statin with the lowest acquisition cost for both the primary and secondary prevention of cardiovascular disease (CVD). This involves prescribing simvastatin 40mg initially; and either reducing the dose or using pravastatin if there are potential drug interactions, or if simvastatin is contraindicated. For patients with type 2 diabetes, NICE guidance also recommends initiating treatment with generic simvastatin 40mg, or a statin of similar efficacy and cost.
NICE guidance on lipid modification

- **Cardiovascular outcomes in trials of oral diabetes medications**

According to the findings of a systematic review published in Archives of Internal Medicine (2008;168(19): 2064-2066; 2070-2080)**,** metformin appears to be the only oral antidiabetic medicine that reduces the risk of cardiovascular (CV) mortality, whereas rosiglitazone may possibly be harmful.
The authors note that clinical trials of oral therapies for type 2 diabetes mellitus have largely focused on intermediate clinical outcomes, such as changes in HbA1c, serum lipids and blood pressure. Specific effects CV risks remain unclear but such outcomes have 'unequivocal clinical relevance'. The aim of this study was to systematically review published RCTs of oral antidiabetics to evaluate the risk of fatal and non-fatal CV disease and all-cause mortality.
From a search of MEDLINE, EMBASE (both to January 2006) and the Cochrane Central Register of Controlled Trials (to issue 4, 2005), they identified 40 RCTs meeting their inclusion criteria. With the exception of PROactive and UKPDS, CV outcomes were recorded as adverse events in most studies, and were thus not powered to examine CV events. A history of cardiovascular disease was an exclusion criterion for most trials; however four specifically evaluated the effects of oral antidiabetics in this particular population. The main overall findings were as follows:

• When compared to placebo or to any other antidiabetic agent, metformin was associated with a lower risk of CV mortality (pooled OR 0.74; 95% CI 0.62-0.89).
• The results for cardiovascular morbidity and all-cause mortality were similar but not statistically significant.
• No other significant associations of oral diabetes agents with fatal or nonfatal cardiovascular disease or all-cause mortality were observed.
• When compared with any other agent or placebo, rosiglitazone was the only diabetes agent associated with an increased risk of CV morbidity or mortality, but this result was not statistically significant (OR 1.68; 95% CI 0.92-3.06).

The authors note that firm conclusions cannot be drawn due to lack of power. They say that longer-term studies evaluating hard endpoints are required, as is improved reporting of CV events in shorter studies, in order to draw firm conclusions about major clinical risks and benefits associated with the use of oral antidiabetic agents.

This edition is also available on HNN (Health Network Northants)
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