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STATINS REDUCE HEART RISK IN DIABETIC PATIENTS WITH CHRONIC KIDNEY DISEASE

Washington, DC (October 18, 2005) — The cholesterol-lowering drug pravastatin is highly effective in lowering the risk of heart attack and other cardiovascular events in patients with diabetes and chronic kidney disease (CKD), reports a study in the December *Journal of the American Society of Nephrology*.

An international research team led by Dr. Marcello Tonelli of University of Alberta, Edmonton, analyzed nearly 20,000 patients from three major studies of pravastatin. Pravastatin is one of the widely used cholesterol-lowering HMG-CoA reductase inhibitor drugs, commonly known as "statins."

About three percent of the patients had both CKD and diabetes—both strong risk factors for cardiovascular events and diseases that together affect several million Americans. Rates of cardiovascular events—including myocardial infarction (heart attack), death from heart disease, or surgery for heart disease—were compared among the different risk factor groups.

Pravastatin reduced the cardiovascular event rate in all groups. The percentage reduction in diabetic patients with CKD was 25 percent, compared to 24 percent in patients with neither risk factor.

Diabetes is a major risk factor for CKD, and both are risk factors for heart disease. The cholesterol-lowering statin drugs have been shown to help prevent cardiovascular events in many

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groups of patients, including those with pre-existing heart disease. However, previous to the new study, their effectiveness in patients with diabetes and/or CKD was uncertain.

Patients with CKD have gradual, irreversible declines in kidney function. Affecting nearly 10 million Americans, CKD increases the risk of cardiovascular disease and other health problems. Studies have shown that appropriate early screening and treatment can reduce the increased risk of cardiovascular disease, as well as the risk of renal failure, in patients with CKD.

The new results suggest that, as in other groups, statin treatment for diabetic patients with CKD reduces the relative risk of cardiovascular events by about one-fourth. Because patients with diabetes and CKD are a particularly high-risk group, the absolute benefits of statin treatment are even greater. "[M]ore widespread use of statins in this population would likely result in a clinically important benefit," the researchers conclude.

The ASN is a not-for-profit organization of 9,000 physicians and scientists dedicated to the study of nephrology and committed to providing a forum for the promulgation of information regarding the latest research and clinical findings on kidney diseases.

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