



## **On ABC Catalyst Program**

**1 November 2013**

The initial "Heart of the Matter" Catalyst program confused the benefits of lowering cholesterol to prevent heart disease in clinical practice with the evidence in population studies that altering saturated fat and cholesterol in the diet lowers cholesterol and heart disease.

Australian experts and advisors were not given the opportunity to present the full evidence in favour of the diet-heart disease message. This message is based on a totality of evidence that comes from animal and human experiments, epidemiology and clinical trials. Epidemiology alone, the main focus of the program, is insufficient. The opposing commentaries were from non-experts, who tended to repeat the epidemiological line of evidence.

The Seven-Countries Study was not flawed: the countries not included in the analysis were those for which there was incomplete or no 10-yr follow-up data and duplicates from same region (Japan, Croatia) were excluded to provide spread of dietary intake; this was approved by AHA under Paul White. More importantly, the longitudinal community experiment in Finland (North Karelia Project) clearly showed that altering lifestyle and lowering fat in the diet improved cholesterol and markedly decreased risk of CHD.

The program has led to many people questioning the value of lowering cholesterol to prevent heart disease. This message is dangerous for the public, especially for those with high risk conditions with inherited high cholesterol and for those with existing heart disease. Clinics have been inundated over the last week with high risk individuals questioning the value of lowering cholesterol.

A one-sided view was presented that lowering saturated fat in the diet had no benefit on heart disease and therefore lowering cholesterol was by implication not important. This view is particularly damaging for people with familial hypercholesterolaemia (FH) and other forms of high blood cholesterol that are well known to cause heart disease.

The statin segment this week was again alarmist and biased. The commentaries were not based on clear evidence and appeared to be personal opinions attacking cardiologists and the pharma industry. Catalyst did make an important disclaimer in writing at the outset regarding high risk CHD and people with FH. This aspect could have been strongly emphasized in the program by devoting at least 10 to 12 minutes to expert commentaries.

Overall, an extremely disappointing exhibit of questionable science and yellow journalism!

### **On Diet**

All people should follow a healthy lifestyle, and this includes altering the diet. A diet with lower intake of saturated fat, trans-unsaturated fat and cholesterol contributes to improving the cholesterol profile in the blood and lowering the risk of heart disease.

Today we should think of a heart-healthy diet, and that includes low saturated fat as a component of the total diet. In a heart-healthy diet people should regularly eat fruit and vegetables, whole grains, tree nuts, low-fat and non-fat dairy products, beans, fish and lean meats. The energy of the diet should be tailored to achieve and maintain a desirable weight

and avoid obesity. Alcohol intake should be moderated, smoking avoided, regular exercise taken and psychological stress managed.

A heart-healthy diet can take many forms. A Mediterranean-type diet supplemented with extra virgin olive oil or nuts may have particular benefits on risk of heart disease and diabetes. However, dietary intake and habits need to be sensitive to people's culture and economic situation.

### **On FH**

Familial Hypercholesterolaemia (FH) is the most common and serious form of inherited high cholesterol. If untreated, FH leads to chronic illness and early death from heart disease in many families.

FH accelerates by 1 to 4 decades the onset heart disease and heart attacks. The risk is at least five-times higher than smoking or having diabetes. There are up to 6,000 people with FH in Western Australia. but most remain undiagnosed or inadequately treated.

Testing potentially affected families can effectively detect individuals at an early stage. This enables early implementation of lifestyle measures and cholesterol-lowering medication, especially statins. These treatments decrease the likelihood of heart disease and heart attacks, improve the health of families, and save lives and money.

The Catalyst program must not be seen as applying to people with FH.

### **On Statins**

Large clinical trials very clearly show that statins decrease the incidence of heart attacks in a wide variety of people: those with and without existing heart disease, older and younger, men and women, smokers and non-smokers, with and without high blood pressure, with and without diabetes, obese and non-obese. On average, a reduction in cholesterol of an amount of 1 mmol/L in blood is associated with a 25% reduction in the risk of heart disease.

The benefits of statins are greatest in people with heart disease or other risk factors for heart disease, such as diabetes and high blood pressure.

Statins have been shown to be highly cost-effective medication that decrease suffering and disability related to heart disease, as well as saving lives and government expenditure on healthcare. They have a long safety record and are well tolerated. Like every drug statins do have side-effects, the most frequently reported (5 to 10 % of users) being muscle pain and tiredness. These respond well to lowering the dose of the statin, to switching statins and to supplementing the diet with co-enzyme Q, fish oils or vitamin D. Most people with this initial side-effect can continue to be treated with a statin with no further symptoms.

There has also been concern about an increase incidence of diabetes, but this is usually seen with higher doses of statins and in people who already have a predisposition to diabetes, such as obesity and slight elevation in blood glucose levels.

The benefits of statins far outweigh the side-effects. People prescribed statins should not stop them without consulting their doctor. Stopping a statin if you are known to have heart disease or have a predisposition to heart disease (diabetes, high blood pressure, FH) may lead to a heart attack.

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