COMPARATIVE CHARACTERISTICS OF STATINS IN MODERN PHARMACOTHERAPY FOR ATHEROSCLEROSIS

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Introducing. The prevalence of cardiovascular diseases in Ukraine amounted to 56.2 thousand per 100 000 population. The main cause of death, even working age is coronary heart disease due to the development cardiosclerosis. Atherosclerosis is a disease characterized by lesions of artery walls due to the formation of atherosclerotic plaques that have varying degrees of narrowing the lumen, leading to acute or chronic reduction of blood flow to vital authorities. For pharmacotherapy of atherosclerosis use following groups of drugs: statins, fibrates, bile acid sequestrants and other lipidlowering agents. Of the group of statins are recommend following medication: lovastatin, pravastatin, simvastatin, atorvastatin, rosuvastatin. In addition, cholesterollowering statins are used in combination with other lipid-lowering agents: inedzhi (a combination of 20 mg of simvastatin and 10 mg of ezetimibe), and asia-ator (a combination of 10 mg of atorvastatin and 10 mgezetimibu). Quite often, the choice is between atorvastatin and rosuvastatin - modern synthetic statins, has a marked effect lipid-lowering effect. Currently, both drugs are actively studied, have extensive evidential bases. A number of studies have been conduct directly comparing the original atorvastatin and rosuvastatin.

The aim of our study was to examine the results of a multicenter study compared the effectiveness of atorvastatin and rosuvastatin.

Materials and method. We learned the results of this multicenter study such as STELLAR, URANUS, CENTAURUS COMETS, ANDROMEDA, JUPITER.

Results and discussion. Rosuvastatin and atorvastatin have pronounced hypolipidemic effect. Rosuvastatin has some advantage over atorvastatin in lowering total cholesterol and low-density lipoprotein cholesterol. Impact on triglycerides were comparable. It has been proved that long-term use rosuvastatin 40mg reduces the diameter of the atherosclerotic plaque in the vessel. Rosuvastatin had significant advantages over atorvastatin in influencing the level of inflammatory markers, as well as the progression of atherosclerosis. Atorvastatin has the largest list of indications for use for both primary and secondary prevention of cardiovascular disease. Rosuvastatin has registered indications for use - secondary prevention of cardiovascular disease.

Conclusions. Having conducted a comparative analysis of the effectiveness of atorvastatin and rosuvastatin in the pharmacotherapy of atherosclerosis, we can conclude that both drugs are approve for use and do not have clear benefits to each other.