

fatal and non-fatal cardiovascular events. These data are consistent with experimental,( Woolf N. Pathology of atherosclerosis. In: Betteridge DJ, Illingworth R,Shepherd J, eds, 1999). observational (Stamler J, Wentworth D, Neaton JD, for the MRFIT Research Group, 1986) and other trial data(Bloomfield Rubins H, Robins SJ, Collins D, et al, 1999) (Buchwald H, Varco RL, Matts JP, et al, 1990)in establishing dyslipidaemia as a major independent risk factor for coronary heart disease (CHD).

On the basis of observational data, the causal association between dyslipidaemia and increased rates of cerebrovascular disease is unclear,( Eastern Stroke and Coronary Heart Disease Collaborative ResearchGroup., 1998) but trial evidence has shown notable reductions in stroke rates associated with statin use.( Crouse III JR, Byington RP, Furberg CD, 1998).

Intervention studies have confirmed the cardiovascular benefits of statins in primary prevention, (Shepherd J, Cobbe SM, Ford I, et al,1995) (Downs JR, Clearfield M, Weis S, et al., 1998) secondary prevention, *Lancet* 1994) (*N Engl J Med* 1996) (*N Engl J Med* 1998;) (Athyros VG, Papageorgiou AA, Mercouris BR, 2002)( Serruys PW, de Feyter P, Macaya C, et al, 2002) and acute coronary syndromes,( Schwartz GG, Olsson AG, Ezekowitz MD,etal, 2001) across a wide age range(Heart Protection Study Collaborative Group, 2002) (Prosper Study Group, 2002)( *N Engl J Med* 1996)and among patients with total cholesterol concentrations much lower than average.( Heart Protection Study Collaborative Group, 2002).

The relation between CHD risk plotted on a doubling scale and serum cholesterol in observational studies is roughly linear, such that a long-term cholesterol concentration lowered by about 1.0 mmol/L corresponds to about 50% less CHD, irrespective of cholesterol concentration.( Martin MJ, Hulley SB, Browner WS, Kuller LH, Wentworth D.1986). In intervention studies, however, the lowering of cholesterol by 1.0 mmol/L maintained over a period of 5 years corresponds to only about 25–35% fewer CHD events.( Maron DJ, Fazio S, Linton MF,2001).