Baseline Cholesterol Level and Magnitude of Coronary Event Reduction in Diabetic Patients With Myocardial Infarction

To the Editor:

It would be very helpful if we were able to see further analysis of the study by Goldberg et al. The analysis presented was for the group as a whole, which included significant variations in baseline cholesterol levels. It would be helpful if we could see an analysis similar to that performed in the LIPID study looking at the outcome in relation to differences in the baseline cholesterol level. Although I suspect the number of end points may affect the statistical analysis, clinicians should be able to see the raw data and draw their own conclusions. The LIPID study demonstrated statistical benefit in treating all levels of cholesterol, but there appeared to be significant differences in the numbers needed to treat, and this would have a significant impact on health economics.

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Response

Dr Colin Johnston is interested in whether baseline cholesterol concentrations are related to the magnitude of coronary event reduction in diabetic patients with myocardial infarction and suggests that data from the CARE population may be useful. Coronary event rates in diabetics are strongly related to serum cholesterol concentration, and therefore fewer patients may be needed to be treated to prevent an event. Although we agree that the question is important, we have not analyzed this relationship in the diabetic patients in the CARE trial because of the small size of this subgroup (586 patients). We point out that the LIPID trial also has not reported this relationship in diabetic patients. The CARE and LIPID investigators are engaged in an analysis that combines the data from these 2 similar studies of pravastatin in secondary prevention, and the total number of diabetic patients is 1444. This larger population has better potential than either individual study to give a reliable answer to the issue of risk reduction in relation to pretreatment cholesterol concentrations in diabetic patients.

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