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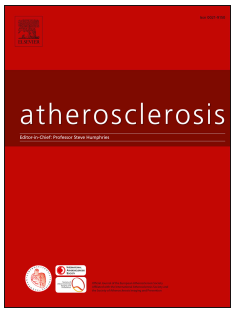

Reply to:"Appropriate use of cholesterol-lowering therapy"

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Keywords: statins; cholesterol; cardiovascular disease; prevention; lipoproteins

To the Editor,

We thank Erling Falk for his interest in our work, the insightful comments and his suggestions to improve our analyses. We agree that there are several limitations with the current European guidelines (1-2); however, addressing these were not directly within the scope of the present article. By simply applying the guidelines as they are, we estimated the extent of undertreatment and overtreatment with cholesterol-lowering therapy according to European guidelines in individuals in the Danish general population without ischemic cardiovascular disease and diabetes (3).

Nevertheless, we certainly agree that the SCORE model itself is poorly calibrated to predict atherosclerotic cardiovascular disease (ASCVD) in Denmark and, therefore, likely in other parts of Europe as well as (4). The SCORE model was made based on the endpoint of fatal ASCVD in European epidemiological studies collected years ago in 1972–1991, whereas many individuals in Europe today survive heart attacks often due to improved treatments. Therefore, it is high time for the SCORE model to change to the use of both fatal and nonfatal ASCVD events, to reflect the reality in European countries with advanced healthcare systems.

Moreover, with the currently used cut-point of 5% 10-year risk of fatal ASCVD above which statins often are recommended, only 10% of those who later develop a fatal or nonfatal ASCVD event are eligible for cholesterol-lowering therapy in primary prevention in Denmark, according to the European guidelines (4). In contrast, if American guidelines (5) with a cutpoint of 7.5% 10-year risk of fatal and nonfatal ASCVD events were used in Denmark, then 72% of those who later develop a fatal or nonfatal ASCVD event are eligible for a statin prescription (4). Importantly, if a lowering of the SCORE cut-point to 2.4% 10-year risk of fatal ASCVD (rather than 5%) was used in Denmark to give cholesterol-lowering therapy, then 71% of those who later develop a fatal or nonfatal ASCVD event are eligible for