



## STATIN-THERAPY AND THE ASSESSMENT OF HEPATOPROTECTION IN PATIENTS WITH DYSLIPIDEMIA

Marinela Beznă<sup>1</sup>, Gabriela Mitoaica<sup>1</sup>, Lorena Ungureanu<sup>1</sup>, Maria Cristina Beznă<sup>2</sup>

<sup>1</sup> Department of Internal Medicine, Emergency County Hospital Craiova, University of Medicine and Pharmacy of Craiova

<sup>2</sup> Department of Cardiology, Emergency County Hospital Craiova, University of Medicine and Pharmacy of Craiova

E-mail adress: mella\_8873@yahoo.com

Key words: dyslipidemia, statins, transaminases, hepatoprotection

**Introduction:** The indication for statin treatment is common in patients with dyslipidemia due to the risks of cardiovascular and metabolic diseases and their complications. Statins reduce the synthesis of liver cholesterol by competitively inhibiting the enzyme reductase-3-hydroxy-3-methylglutaryl-coenzyme A (HMG-CoA reductase), with many beneficial effects, but may cause liver or muscles damage.

**Aim:** To assess the implications of hepatoprotection against hepatic damage in patients with dyslipidemia and hypercholesterolemia, with cytolysis of different degrees.

**Material and method:** The study was performed on 220 subjects with hypercholesterolemia, 40-60 years, of both sexes (53% women-47% men), who received statins-20 mg/day. At treatment initiation, evaluation of the liver and cardiovascular was performed by laboratory tests and imaging (ultrasound, ecg), with control every 3 months.

**Results:** All patients received statins for reducing LDLcholesterol, but also for antioxidant, anti-inflammatory, anticoagulant effects, ameliorating endothelial dysfunction and stabilizing atheromatous plaques. Hepatic impairment with increased transaminases was reported in 17 patients-8%. The increases were moderate, about 3-4 times higher in 5 patients, to whom the type of statin was changed, at 3 months follow-up and in 2 of them, after 6 months, was switched to another lipid-lowering.

Important increases of 8-10 times were determined in 2 patients, excluding other causes of liver damage, with the replacement of lipid-lowering class.

### Conclusions:

1. Hepatoprotection requires transminases monitoring, periodically, their increase involving therapeutic modifications.
2. The conduct consists in establishing statin tolerance, replacing lipid-lowering class, together with hepatic protective medication and the control of other risk factors (steatosis, viruses, alcohol, drug interactions).