

NZZamSonntag

# Vererbtes Risiko für Herzinfarkt

Lipoprotein(a) ist neben LDL-Cholesterin ein weiterer Risikofaktor für Herzkrankheiten. Der Blutwert ist genetisch vorbestimmt. Nun sind gezielte Therapien in Aussicht.

Felicitas Witte • 09.12.2023, 21.45 Uhr



Hören



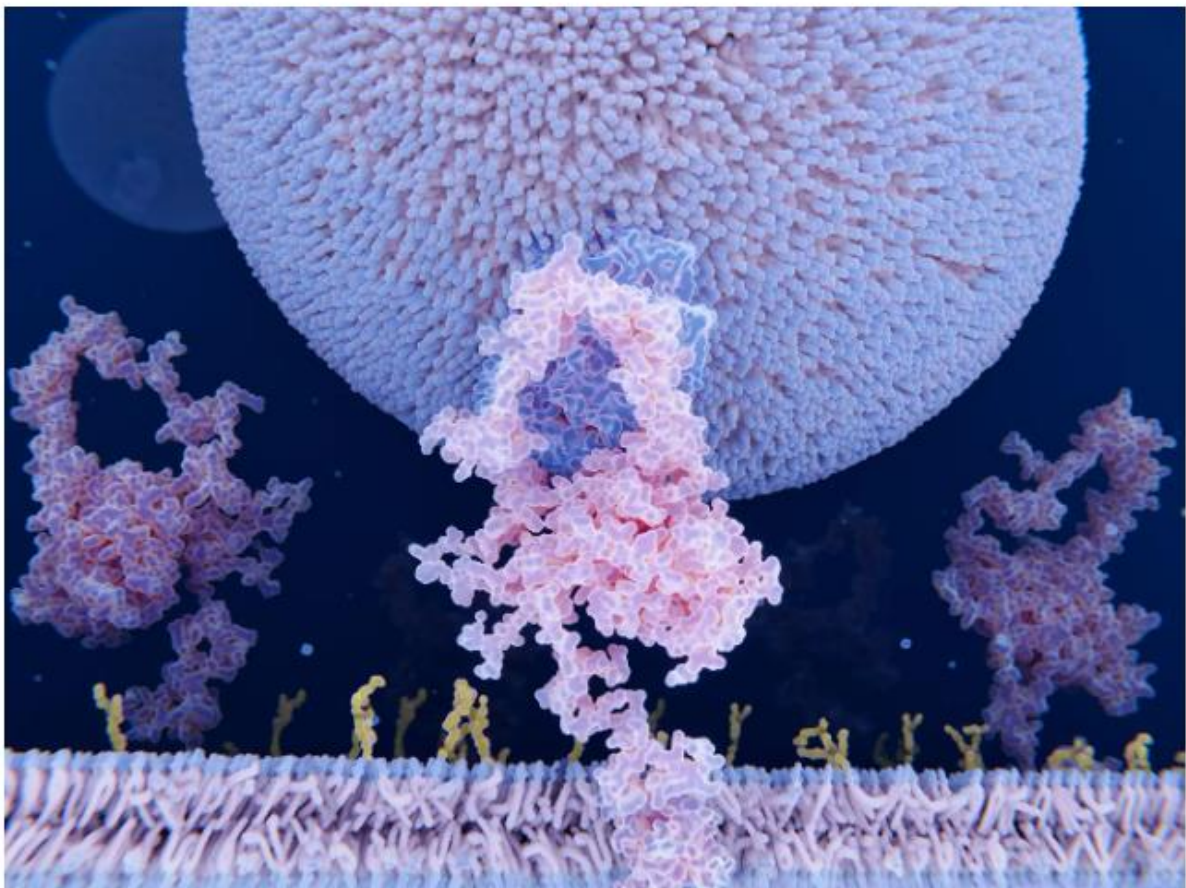
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<https://magazin.nzz.ch/nzz-am-sonntag/mensch-medizin/erhoehtes-lipoprotein-a-erste-medikamente-in-sicht-ld.1768802>

## **Article on the inherited cardiovascular risk from LP(a) by Felicitas Witte in the NZZ am Sonntag published 10.12.2023.**

### **Commentary by Michel Romanens:**

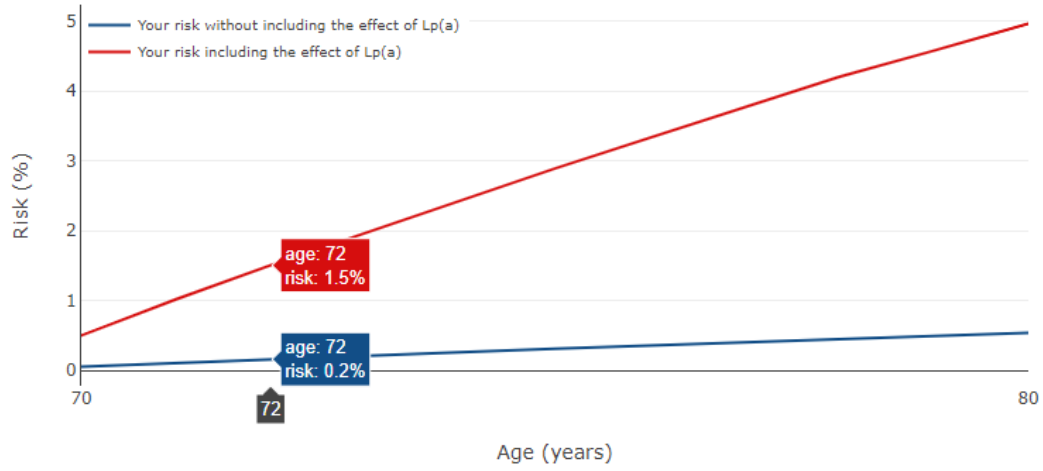
The reference to atherosclerotic plaque presence as an indicator for statin treatment by Prof. Mach is very important. The AGLA is also interested in developing new guidelines here: <https://varifo.ch/wp-content/uploads/2023/11/AGLATaskforce092023.pdf>

However, the following statement in the article must be criticized: "However, it has not yet been proven whether statins can reduce the increased risk of heart attacks and strokes." This sentence is not correct. The relative risk seems to vary greatly with the absolute level of LP(a): <https://www.lpaclinicalguidance.com/>.

I have entered my risk values treated with atorvastatin 80 mg and 10 mg ezetrol. Age 70, male, cholesterol 3.0, HDL 1.7, LDL 1.1, BP 110 mm Hg, non-smoker, results in an absolute risk of 0.5% until I am 80, since my LP(a) used to be 1075 and is currently 753, my risk increases to 12.7% or currently 5% until 80. With untreated cholesterol my absolute risk would be 3.3% and with LP(a) of 753 26.8%. So you can see that I can massively reduce my absolute risk with statins at a very high LP(a), from 27% to 5%. The sentence I criticized should therefore read: "However, it is certain that statins can massively reduce the absolute risk in people with very high LP(a) by lowering LDL cholesterol". As an LP(a) sufferer, your article would scare me very much, in particular it creates a massive uncertainty about the actual threat (absolute risk), on the other hand it robs me of the opportunity to do something, the high LP(a) appears here as an exclusive fate. It can also be expressed as follows: "People who reduce their absolute cardiovascular risk thanks to intensive prevention such as high-dose statins, ezetrol, non-smoking, perfect blood pressure control and, in the presence of atherosclerosis plaque, additional aspirin prevention to treat the risk of atherothrombosis, can massively reduce the harmful effect of very high LP(a).»

I am aware that the experts I interviewed did not influence the style of the article in my opinion and that they focus far too much on the direct treatment of LP(a). However, it is important to me that my thoughts are at least well received by the editorial team. Thank you very much. <https://varifo.ch>, <https://arterienalter.ch>.

### Your risk of having a heart attack or stroke



Your risk of having a heart attack or stroke up to age 80 is:

0.5%

With an Lp(a) level of 753 nmol/L, your estimated risk of having a heart attack or stroke up to age 80 changes from 0.5% to:

5.0%