

Dr Jon LaPook: This study can change the way doctors think about preventing heart attacks and strokes⁽¹⁾. It finds for the first time there is reason to take a statin even if your cholesterol level is good.

Dr Paul Ridker: We've known that half of all heart attacks and strokes occur among apparently healthy men and women with average or even low level of cholesterol.

LaPook: The trial focused on a blood test called C-reactive protein or CRP which indicates inflammation in the body. Of the nearly 18,000 patients, men over 50 and women over 60, all had elevated CRP but normal cholesterol. Researchers gave them the statin Crestor® because it lowers not only cholesterol but also inflammation. The results were dramatic: heart attacks were reduced by 54%, strokes by 48%, and deaths by 20%. There was a slight increase in diabetes.

Dr Ridker: We were shocked to see that the benefit was as large as it is.

Dr Elizabeth Nabel: We now know that inflammation is extremely important in the development and progression of heart disease.

LaPook: Even a little cholesterol building up⁽²⁾ in the arteries can irritate the inside lining⁽³⁾ leading to inflammation. A swollen⁽⁴⁾ platform can eventually rupture causing a clot⁽⁵⁾ that blocks blood flow which can lead to a heart attack or stroke.

The lead author estimates that six million more patients in the age group studied alone may be eligible⁽⁶⁾ for statin therapy. That set off⁽⁷⁾ an online debate among physicians about what these results mean for their patients.

52-year-old Gloria Kingstrom has a normal cholesterol but her father and three uncles died young from heart attacks. When her doctor found her CRP level was high, he prescribed a statin.

Gloria: I'm happy, and my hope is that I live long enough to see grandchildren and live a long healthy life.

LaPook: The study was funded by the company that makes Crestor® and the lead author holds patents related to the CRP test, Catie.

Catie Couric: Alright, so who should get this C-reactive protein test?

LaPook: Well, Catie, it's up for debate. Most experts agree you should test people who have at least one risk factor for heart disease, say cholesterol elevation, diabetes, high blood pressure, OK? But the question is what do you do with somebody who has no risk factors, a 40-year-old guy who still is perfectly fine but who may have an elevated CRP without knowing it.

Catie: So why not just test everyone and treat the people who do have the elevated...?

LaPook: 'Cause it's really expensive and there are some questions that are not answered: what are the long term side effects, maybe over decades, if you're giving a powerful drug like Crestor®, people who have normal or even low cholesterol, we just don't know yet.

Catie: Right, good point, Doctor Jon LaPook. Jon, thanks so much.

CBSnews

Lexical helpline:

1. **a stroke:** a CVA, cerebro-vascular accident
2. **building up:** accumulating
3. **the lining:** the inside covering
4. **swell (swelled, swollen) (v):** increase in size
5. **a clot:** a thrombus
6. **eligible (adj):** entitled, qualified
7. **set (set, set) off (v):** start something

Translation:

1. Une attaque cérébrale peut être causée par un caillot de sang bloquant une artère.
2. L'accumulation de cholestérol sur les parois des artères déclenche une réaction inflammatoire.
3. Je voudrais pouvoir voir grandir mes petits-enfants et profiter de la vie.
4. Cet homme de 40 ans a eu un caillot dans une des artères jugulaires.
5. Pour satisfaire aux conditions de l'étude, il faut être âgé de plus de 50 ans et souffrir de diabète.

1. A stroke can be caused by a blood clot blocking an artery.
2. The build-up of cholesterol on the linings of arteries triggers an inflammatory reaction.
3. I would like/wish to be able to see my grandchildren grow up and make the most of my life.
4. This 40-year-old man had a blood clot in one of the jugular arteries.
5. To be eligible for the study, one has to be over (the age of) 50 and suffer from diabetes.