

## Approach on the Use of Statins in Argentine Doctors (COFEMA)

Age: .....

Sex:

- Male
- Female

Specialty

- Cardiology
- Internal Medicine.
- General/Family Medicine
- Others

You should read the following statements containing a final assertion. It will have to express your degree of agreement with this assertion and answer selecting only one (1) option. The last 4 statements are multiple choice questions, where you should also select only one (1) option.

1. Forty-seven-year-old male patient, with type 2 diabetes, without other risk factors or history of cardiovascular disease. BP: 128/82 mmHg. Total cholesterol: 191 mg/dL, LDL: 110 mg/dL, HDL: 38 mg/dL, TG: 214 mg/dL. He performs regular physical activity and is following a diet indicated by his diabetologist.  
It is decided to add statin therapy to his standard treatment.
  - a) Totally disagree.
  - b) Disagree.
  - c) Neither agree nor disagree.
  - d) Agree.
  - e) Totally agree.
2. Thirty-four-year-old female patient, with no history of cardiovascular disease. She does not smoke, refers a healthy diet and does regular physical activity. BP: 110/65 mmHg, BMI: 22, Blood glucose level: 88 mg/dL, Total cholesterol: 247 mg/dL, HDL: 33 mg/dL, TG: 88 mg/dL, LDL: 197 mg/dL. As she is a young woman with no other risk factors, except dyslipidemia, no statin treatment is indicated.
  - a) Totally disagree.
  - b) Disagree.
  - c) Neither agree nor disagree.
  - d) Agree.
  - e) Totally agree.
3. In primary prevention, once the objective decrease in cholesterol is achieved, statins can be discontinued, performing a new lipid panel in 60 days.
  - a) Totally disagree.
  - b) Disagree.
  - c) Neither agree nor disagree.
  - d) Agree.
  - e) Totally agree.
4. Forty-one-year-old male patient, without risk fac-

tors or history of cardiovascular disease. In a carotid artery echo-Doppler, increased IMT of 1.03 mm is reported. His plasma LDL is 160 mg/dL. Due to these findings, the doctor decides to initiate statin therapy.

- a) Totally disagree.
  - b) Disagree.
  - c) Neither agree nor disagree.
  - d) Agree.
  - e) Totally agree.
5. Sixty-five-year-old male patient, hypertensive and current smoker. Total cholesterol: 250 mg/dL, HDL: 30 mg/dL, LDL: 162 mg/dL, TG: 296 mg/dL, BMI: 29. SGPT and SGOT are normal. The abdominal echography reveals hepatic steatosis. His doctor decides not to add statins due to the presence of hepatic disease.
    - a) Totally disagree.
    - b) Disagree.
    - c) Neither agree nor disagree.
    - d) Agree.
    - e) Totally agree.
  6. In secondary prevention, treatment with high dose statins is not recommended due to the risks it implies.
    - a) Totally disagree.
    - b) Disagree.
    - c) Neither agree nor disagree.
    - d) Agree.
    - e) Totally agree.
  7. Sixty-one-year-old male patient, hypertensive, ex-smoker, with history of inferoposterior AMI 6 years ago. He consults for the first time in 3 years. He receives ASA: 100 mg daily and enalapril: 20 mg daily. He is asymptomatic, normotensive and without abnormal cardiac rhythm. Blood glucose level: 79 mg/dL, Total cholesterol: 192 mg/dL, HDL: 44 mg/dL, TG: 290 mg/dL, LDL: 90 mg/dL. The doctor decides to continue with the same treatment and not initiate statins because the patient has low LDL levels.
    - a) Totally disagree.
    - b) Disagree.
    - c) Neither agree nor disagree.
    - d) Agree.
    - e) Totally agree.
  8. Fifty-two-year-old male patient, with history of myocardial infarction 6 months ago. He is currently receiving Atorvastatin/Ezetimibe 20/10 mg daily and presents LDL of 82 mg/dL. His doctor decides to rotate this treatment for Atorvastatin: 80 mg daily.

- a) Totally disagree.
  - b) Disagree.
  - c) Neither agree nor disagree.
  - d) Agree.
  - e) Totally agree.
9. Seventy-four-year-old male patient, hypertensive, without other risk factors or history of cardiovascular disease. He has chronic renal failure and is under dialysis. At the age of 70 years, due to asymptomatic ischemia revealed in a SPECT study, 2 stents were implanted in the anterior descending artery. His doctor decides to add statins.
- a) Totally disagree.
  - b) Disagree.
  - c) Neither agree nor disagree.
  - d) Agree.
  - e) Totally agree
10. Seventy-one-year-old male patient, with dilated cardiomyopathy with severe LV systolic function impairment (EF 29%) secondary to coronary heart disease. He is in FCII. His doctor decides to add statin therapy to reduce the risk of cardiovascular events.
- a) Totally disagree.
  - b) Disagree.
  - c) Neither agree nor disagree.
  - d) Agree.
  - e) Totally agree
11. In patients chronically treated with statins, it is important to periodically control liver function for the early detection of asymptomatic toxicity.
- a) Totally disagree.
  - b) Disagree.
  - c) Neither agree nor disagree.
  - d) Agree.
  - e) Totally agree.
12. In asymptomatic patients, chronically treated with statins, it is important to periodically control CPK levels due to the risk of muscle toxicity associated with these agents.
- a) Totally disagree.
  - b) Disagree.
  - c) Neither agree nor disagree.
  - d) Agree.
  - e) Totally agree.
13. In your usual practice with patients in secondary prevention, what is the dose of simvastatin you prescribe more frequently?
- a) 10 mg.
  - b) 20 mg.
  - c) 40 mg.
  - d) 80 mg.
  - e) I do not prescribe it.
14. In your usual practice with patients in secondary prevention, what is the dose of atorvastatin you prescribe more frequently?
- a) 10 mg.
  - b) 20 mg.
  - c) 40 mg.
  - d) 80 mg.
  - e) I do not prescribe it.
15. In your usual practice with patients in secondary prevention, what is the dose of rosuvastatin you prescribe more frequently?
- a) 10 mg.
  - b) 20 mg.
  - c) 40 mg.
  - d) 80 mg.
  - e) I do not prescribe it.
16. In secondary prevention, what is the percentage of patients receiving combinations with ezetimibe?
- a) <20%.
  - b) 21-50%
  - c) 51-80%
  - d) >80%
  - e) I do not use it.