Abstract

Postmenopausal women show elevated serum low-density lipoprotein-cholesterol (LDL-C), total cholesterol (TC), and low high-density lipoprotein-cholesterol (HDL-C) compared with premenopausal women, and to control their dyslipidemia means to lower LDL-C levels. Policosanol (5 to 20 mg/d) is an effective cholesterol-lowering agent, and atorvastatin (10 - 80 mg/d) one of the most efficacious statins. This randomized, single-blinded study compared the efficacy and tolerability of policosanol and atorvastatin in postmenopausal women with type II hypercholesterolemia. After a baseline cholesterol-lowering diet step, 60 patients were randomized to policosanol or atorvastatin 10-mg/d for 8 weeks. Policosanol and atorvastatin significantly (p < 0.000 01) lowered LDL-C (32.8 and 39.7 %, respectively), TC (23.6 and 29.1 %) and (p < 0.001) TG (11.3 and 17.6 %), whereas significantly increased (p < 0.000 1 and p < 0.001) HDL-C (11.3 and 9.9 %, respectively). Atorvastatin was more effective (p < 0.001) than policosanol to reduce LDL-C, TC and (p < 0.05) TG. Both drugs were well tolerated. Atorvastatin significantly increased (p < 0.01), while policosanol lowered (p < 0.05) transaminase and creatinphosphokinase levels. Three patients, all from atorvastatin, withdrew from the trial due to adverse experiences (AE). The AE with atorvastatin (five patients) were more frequent than with policosanol (one patient). The policosanol-patient reported headache, the atorvastatin patients referred rash (3), tachycardia (1), nausea (1), vomiting (1), abdominal pain (1), muscle cramps (1), dyspnea (1) and perspiration (1). In conclusion, both treatments, at 10 mg/d for 8 weeks, favourably changed the lipid profile in postmenopausal hypercholesterolemic women, atorvastatin being more effective for lowering LDL-C, TC, TG, and policosanol better tolerated.

Keywords

Hypercholesterolemia, postmenopausal woman, policosanol, atorvastatin.