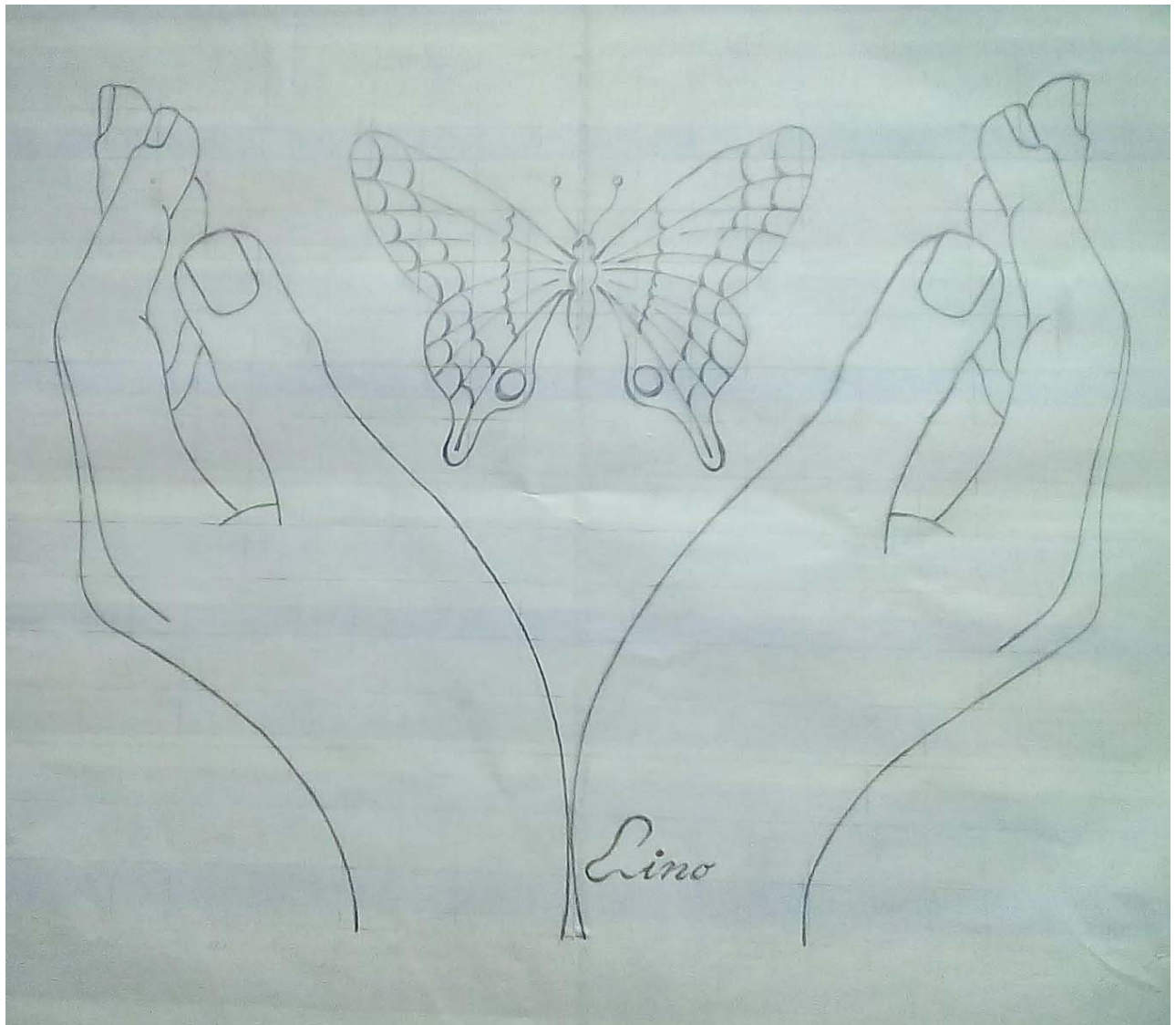


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# SAFETY AND EFFICACY OF MEDRONYS COLESTEROLO IN PATIENTS WITH ATHEROSCLEROSIS AND DYSLIPIDEMIA: MEDICAL AND NURSING ASPECTS.

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**KEY-WORDS: CHOLESTEROL, ATHEROSCLEROSIS, DYSLIPIDEMIA, MEDICAL AND NURSING ASPECTS.**

## ABSTRACT

**Aim:** The aim of our study is to evaluate the efficacy of Medronys Colesterolo<sup>(R)</sup> in the treatment of dyslipidemia in patients affected by atherosclerosis for the correction of the cardiovascular risk factor linked to the values of total cholesterol and LDL and HDL lipoproteins. **Materials and Methods:** In our study, 15 subjects (10 men and 5 women) with a mean age of 82 years (minimum age 74 years and maximum age 90 years) affected by atherosclerosis, dyslipidemia and NYHA II sclero-hypertensive heart disease were enrolled. All subjects enrolled, aged over 65 years, voluntarily agreed to undergo the evaluation of laboratory parameters during hospitalization (routine admission blood testing) and to outpatient follow-up. All patients were asked for informed consent to the processing of personal data. After hospital discharge, patients enrolled in the study underwent outpatient follow-up and subsequent control of laboratory tests after 1 month. Subjects unable to reach the geriatrics clinic of the Fondi hospital for personal reasons (elderly partner or single person) had their laboratory tests evaluated by activating integrated home care (CAD) and subsequently acquiring the laboratory test values electronically. **Results:** Data analysis revealed a statistically significant change in total cholesterol, triglycerides and LDL cholesterol. Increases in HDL cholesterol were noted, but did not reach statistical significance. No adverse events affecting liver, kidney and muscle function were reported during treatment. **Discussion:** From the data in the table it emerges that therapy with Medronys Colesterolo<sup>(R)</sup>

may represent a valid alternative to treatment with statins in subjects affected by alteration of the lipid profile and atherosclerosis associated with sclero-hypertensive heart disease NYHA II. The treatment determines a statistically significant reduction in the values of total cholesterol, LDL and triglycerides allowing to minimize the cardiovascular risk linked to dyslipidemia. The increase in HDL cholesterol after only 1 month of therapy is not significant. The re-evaluation of patients with a 3-month follow-up is currently underway but the data in our possession do not allow us to make a definitive evaluation due to the scarcity of subjects enrolled in the control group at 3 months. **Conclusions:** The pilot study we conducted allowed us to confirm, through the 1-month follow-up blood testing, the efficacy of treatment with Medronys Colesterolo<sup>(R)</sup> in subjects affected by dyslipidemia and secondary atherosclerosis to NYHA II sclero-hypertensive heart disease. Unexpectedly, a non-statistically significant variation in HDL cholesterol values was recorded in the study sample. Currently, the size of the sample examined in our pilot study, and the average age of the patients involved, lead us to affirm that the treatment can reduce the cardiovascular risk induced by dyslipidemia thanks to the statistically significant reduction in total cholesterol values, LDL lipoprotein cholesterol and triglyceride values. The increase in HDL cholesterol values, although favourable as an effect for the reduction of cardiovascular risk, does not reach statistically significant values and does not allow us to extend the results of the preliminary study to the entire population.

**Table**

	<b>BASE ± DS</b>	<b>CONTROL ± DS</b>	<b>Probability (P)</b>
<b>Colesterolo tot</b>	<b>195,857 + 16,886</b>	<b>135,571 + 28,542</b>	<b>&lt; 0,001 *</b>
<b>Trigliceridi</b>	<b>153,571 + 20,452</b>	<b>101,714 + 44,912</b>	<b>0,020 *</b>
<b>HDL</b>	<b>38,857 + 4,562</b>	<b>43,571 + 10,081</b>	<b>0,078</b>
<b>LDL</b>	<b>124,571 + 15,925</b>	<b>90,857 + 15,563</b>	<b>&lt; 0,001 *</b>

**Tab. 1:** Descriptive analysis of data relating to the evaluation of the lipid profile in patients affected by slipidemia and atherosclerosis secondary to hypertensive heart disease. The probability is considered significant only if P < 0.050.

## Figures

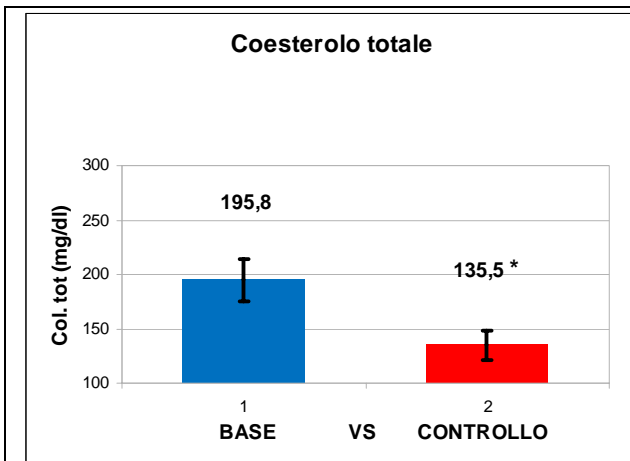


Fig. 1 Graphical representation of lipid profile changes before and after treatment with Medronis Cholesterol. Data expressed as mean +/- SD.

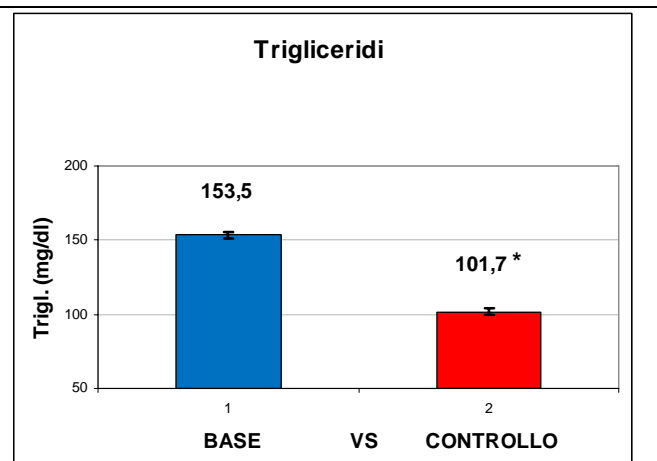


Fig. 2 Graphical representation of lipid profile changes before and after treatment with Medronis Cholesterol. Data expressed as mean +/- SD.

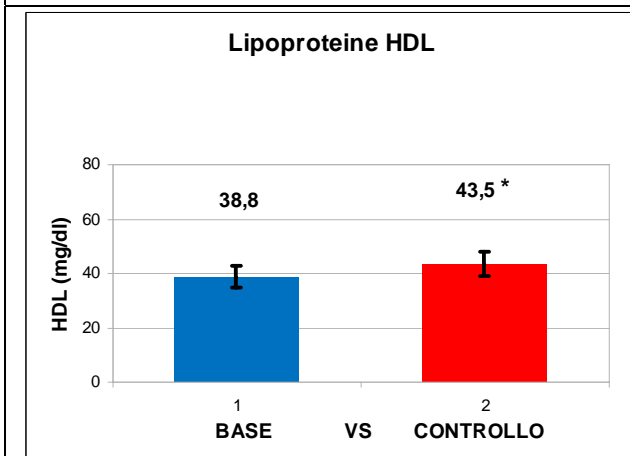


Fig. 3 Graphical representation of lipid profile changes before and after treatment with Medronis Cholesterol. Data expressed as mean +/- SD.

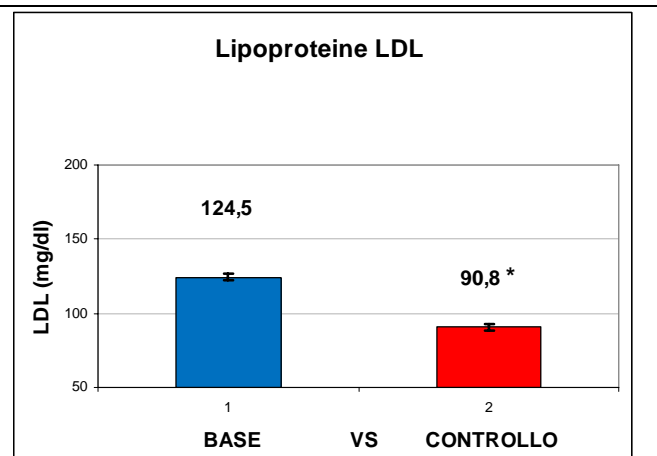


Fig. 4 Graphical representation of lipid profile changes before and after treatment with Medronis Cholesterol. Data expressed as mean +/- SD.

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