

# Crestor Reduces Lipids Better Than Pravachol in People With HIV

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Crestor (rosuvastatin) is better than Pravachol (pravastatin) in reducing triglycerides and low-density lipoprotein (LDL) levels—“bad” cholesterol levels—in people with HIV, according to a study [published](#) online October 22 in *AIDS*.

Though antiretroviral (ARV) therapy has significantly improved survival and health in people with HIV, one downside is increases in blood fats, also known as lipids. Two lipids in particular that can have negative health consequences, notably an increased risk of cardiovascular disease, are LDL cholesterol and triglycerides.

Statins (or HMG-CoA reductase inhibitors) are frequently prescribed to treat elevated LDL—notably Crestor and Pravachol, because they are the least likely to interact negatively with ARVs—but few studies have compared their efficacy in people with HIV.

To determine which of these two agents performs better in people living with HIV, Elisabeth Aslangul, MD, PhD, from the Université Paris Descartes, and her colleagues conducted a small comparative study involving 83 HIV-positive people with elevated lipids. Most of the patients were men, averaging 48 years of age, and had been on ARV treatment for nearly a decade. At the beginning of the study, LDL levels were 4.93 mmol/L (about 191 mg/dL in the United States) and triglycerides were 2.29 mmol/L (about 203 mg/dL).

After 45 days, Crestor lowered both LDL and triglycerides twice as much as Pravachol. People taking Crestor had an average drop in LDL of 37 percent, compared with only 19 percent in people taking Pravachol. Those on Crestor saw their triglycerides drop by 19 percent, while those on Pravachol had only a 7 percent drop.

The authors conclude that Crestor is superior to Pravachol in reducing both LDL and triglycerides. They also recommend that longer-term studies be carried out to determine whether it improves health problems associated with cardiovascular disease, such as heart attacks and strokes.

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