In the Battle of the Statins, Which Is Better for People With HIV?

A major randomized, double-blind study pitted Livalo (pitavastatin) against Pravachol (pravastatin).

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In a major head-to-head study comparing the efficacy of statin medications among people living with HIV, Livalo (pitavastatin) proved superior to Pravachol (pravastatin) on numerous measures, MedPage Today reports.

Publishing their findings in The Lancet HIV, researchers from the randomized, double-blind, active-controlled, Phase IV INTREPID study recruited people with well-treated HIV between the ages of 18 and 70 who had been taking antiretroviral (ARV) treatment for at least six months and had dyslipidemia (abnormally elevated cholesterol or fats in the blood—a condition, researchers said, that may occur in up to 80 percent of people living with HIV).

Between February 2011 and March 2013, the researchers randomized the participants to receive 4 milligrams of Livalo or 40 mg of Pravachol with matching placebo tablets once daily for 12 weeks. Participants could also participate in an additional 40 weeks of the study, intended for an analysis of drug safety (unlike many other statins, Livalo and Pravachol are not restricted in their use with protease inhibitors).

The average age of the participants was 50; 86 percent of them were men. Ten percent also had hepatitis B or C virus (HBV/HCV).

A total of 224 individuals participated in the initial 12 weeks of the study, with 190 of them completing all 52 weeks of follow-up. A total of 27 of those receiving Livalo and 35 of those who received Pravachol dropped out of the study because of adverse health events.

After 12 weeks of treatment, those receiving Livalo experienced an average 31 percent reduction in LDL cholesterol, compared with 21 percent among those receiving Pravachol. The superior performance of Livalo persisted through the 52-week mark as well as after the researchers controlled the data for hep B and C status and certain types of ARVs, including Sustiva (efavirenz) and Norvir (ritonavir).

In addition, those who took Livalo, compared with those receiving Pravachol, saw greater

reductions in variables that contribute to fatty plaques in arteries, including non-HDL cholesterol and apolipoprotein B.

Eighty-five of 126 people who received Livalo and 88 of 126 people who received Pravachol experienced adverse health events. Sixty percent of these health events were mild, and 29 percent were moderate. The most common adverse health event among those on Livalo was diarrhea, while the most common among those on Pravachol was upper respiratory tract infection.

To read the MedPage Today article, click here.

To read the study abstract, click here.

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