

## **EMERGING PHARMACEUTICAL DRUGS IN THE TREATMENT OF DYSLIPIDEMIAS.**

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### **ABSTRACT**

Because of the high risk of Cardiovascular Diseases and that 10% less of cholesterol levels means 30% decrease in CVD incidence, Pharmaceutical companies keep on spending billions of dollars in research for newer drugs focusing on the reduction of serum cholesterol that may result in the increase of HDL-C, lower C-reactive proteins and the inhibition of TG and VLDL. Among the major classes of drugs now available are that of the HMG-Co-A reductase inhibitors (statins) such as Cerivastatin, Rosuvastatin, Atorvastatin, Fluvastatin, Mevastatin, and Pitavastatin; the FIBRATES (Fibric acid derivatives) such as Gemfibrozil, Fenofibrate, Clofibrate, Bezafibrate, and Ciprofibrate the BILE ACIDS, such as Cholestyramine, Colestipol and Colesevelam; NICOTINIC ACID (Niacin); PROBUCOL; CHOLESTEROL ABSORPTION INHIBITORS such as Ezetimibe; as well as the CHOLESTEROL ESTER TRANSFER PROTEIN INHIBITORS (CETP) such as Torcetrapib; and lately, the combination of two different classes as exemplified by Simvastatin/Ezetimibe and Rosuvastatin/Ezetimibe preparations. HORMONE replacement therapy in post-menopausal women have also been tried and found to reduce LDL and increase HDL. Some cholesterol-lowering supplements have come out of the market such as Antichoke extracts, Barley, Beta-sitosterol, Bland psyllium, Fish oil, Garlic extract, Oat bran, Sitostanol, Virgin Coconut oil, New cholesterol lowering drugs with different mechanistic actions are continuously being undertaken at the present time.