There are numerous studies on old generation statins and new generation statins; however, there are limited number of studies comparing these two groups. Therefore, we aimed to present this study to the literature and determine the dose efficacy of hypolipidemic agents by comparing the old generation statin simvastatin to new generation statins (atorvastatin, rosuvastatin).

**Methods:** This study is a clinical, prospective cohort study. A total of 160 subjects (76 women and 84 men) who applied to our clinic from November 2011 to May 2011 and were indicated for medicinal treatment according to National Cholesterol Education Programme Adult Treatment Panel (NCEP ATP) 3 criteria despite the four week long first line diet were included in the study. Following the evaluation of lipid profiles based on medical history, physical examination, and clinical and laboratory findings, eligible subjects were assigned to the three groups according to simvastatin dose (10 mg, 20 mg, 40 mg/day), three groups according to atorvastatin dose (10 mg, 20 mg, 40 mg/day) and two groups according to rosuvastatin dose (10 mg, 20 mg/day). Thus, a total of 8 groups were generated. There were 20 patients in each group. In our study, the subjects were evaluated with clinical and laboratory methods at baseline and after 6 weeks of treatment.

**Results:** The mean age of the 160 patients enrolled for the study was 58.95±10.22 (37 to 82). There was no difference between the groups with regards to demographic characteristics. The reduction in low-density lipoprotein (LDL) cholesterol was 28-40% (10-40 mg/dL) with simvastatin, 39-51% (10-40 mg/dL) with atorvastatin and 50-60% (10-20 mg/dL) with rosuvastatin after 6 weeks of treatment (p<0.01). The increase in high-density lipoprotein (HDL) cholesterol at week 6 compared to baseline was most prominent in the rosuvastatin group (20 mg/day) group.

**Conclusion:** We detected that the hypolipidemic effects of rosuvastatin and atorvastatin were more prominent compared to simvastatin. This supports the idea that new generation statins may be used in clinical practice to a further extent compared to old generation statins. Furthermore, based on the findings of our study it can be concluded that rosuvastatin may be the preferred choice of treatment in hyperlipidemia patients with low levels of HDL-C.

### PP-247

**Myocardial Infarction and Death Following Receipt of Clavis Panax**

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Coronary artery disease (CAD) is a chronic process that begins early in life and progresses silently before becoming symptomatic. Besides scientifically based medical treatment of this disease, patients frequently make use of alternative medicine. The product sold as Clavis Panax that used by many people as a food supplements according to the advertisements. Intake of a mixture of plant extracts may have serious consequences in humans as drug interactions and side effects are unknown. Herein, we report the case of a 58-year-old man who presented with chest pain. Due to typical symptoms a coronary angiography and stent implantation was performed to the critical lesions at the left anterior descending artery and right coronary artery successfully. Initially his LDL level was 87 mg/dL, total cholesterol level was 154 mg/dL and triglyceride level was 165 mg/dL. Three months later after he was discharged, he gave up his medication and started to take an herbal drug called Clavis Panax. At the sixth month after stent implantation, his LDL level was 224 mg/dL, total cholesterol was 388 mg/dL and triglyceride was 365 mg/dL. He was warned to stop the drug, but refused. He died of a myocardial infarction in the eighth month after stent implantation.

### PP-248

**Effects of CoQ10 Supplementation on Serum Lipoprotein, IL-6, ICAM-1 and Plasma Fibrinogen in Hyperlipidemic Patients with Myocardial Infarction**

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Because dyslipidemia, inflammation and hypercoagulation are the major risk factors for cardiovascular diseases we examined the Effects of CoQ10 supplementation on serum lipoprotein, IL-6, ICAM-1 and plasma fibrinogen in hyperlipidemic patients with myocardial infarction. In a double blind placebo controled clinical trial, 52 hyperlipidemic patients with myocardial infarction and age range of 35-70 years were randomly allocated to receive daily 200 mg CoQ10 or placebo for 3 months. Fasting blood, physical activity and daily dietary intake were obtained at beginning and end of study. Randomly allocated to receive daily 200 mg coQ10 or placebo for 3 months. Fasting blood, physical activity and daily dietary intake were obtained at beginning and end of study. Blood samples were collected at baseline and after 3 months in each group. For comparison of three groups, ANOVA and Student t-test were used. In all cases, p-values less than 0.05 were considered significant. Initially his LDL level was 87 mg/dL, total cholesterol level was 154 mg/dL and triglyceride level was 165 mg/dL. Three months later after he was discharged, he gave up his medication and started to take an herbal drug called Clavis Panax. At the sixth month after stent implantation, his LDL level was 224 mg/dL, total cholesterol was 388 mg/dL and triglyceride was 365 mg/dL. He was warned to stop the drug, but refused. He died of a myocardial infarction in the eighth month after stent implantation.

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