

Embargoed until 6 Oct 2009 Not to be issued any earlier

STUDY IDENTIFIES COMMON MISCONCEPTIONS ABOUT CHOLESTEROL AND OTHER HEALTH ISSUES

SINGAPORE, 6 OCTOBER 2009 – New research data released today by the Singapore Heart Foundation (SHF) and AstraZeneca identifies common misunderstandings about cholesterol and other aspects of heart health.

High cholesterol is recognized as a major cause of coronary artery disease, a leading cause of death and disability, worldwide and in Singapore. Although treatment of high cholesterol is available through a combination of diet, exercise and medications such as statins, many Singaporeans appear to harbor unfounded concerns about the safety of such medications as well as other misconceptions about health risks.

These concerns were highlighted in a representative study of 365 Singaporeans aged 30 to 69 years, who were independently surveyed about their understanding of heart disease and treatment of risk factors such as high cholesterol or blood pressure. Of the 365 respondents, 104 had been diagnosed with high cholesterol.

The study found that over 80% of all 365 respondents had undergone some form of health screening involving a blood test, a reassuring finding, said A/Prof Terrance Chua, Chairman of SHF. However, the survey also found a surprising level of misunderstanding about heart health risks and their treatment.

Many patients (37%) felt that taking cholesterol medication increased the risk of cancer. 54% believed that taking cholesterol medication might lead to kidney failure. In fact, many scientific studies have shown no evidence of any link between taking effective cholesterol lowering medications such as statins and cancer or kidney disease, said A/Prof Chua, who was concerned that these unfounded fears might prevent or delay patients from taking medication when indicated.

If left untreated, high cholesterol can increase the risk of cardiovascular disease (heart disease and stroke), which is a leading cause of death in Singapore¹. It is therefore extremely important that the public consult their doctor early to treat their condition.”

¹ Statistics available from MOH & Report on Registration of Births and Deaths 2007 by the Registry of Births and Deaths, Immigration and Checkpoints Authority Singapore, cited on the website of the Singapore Heart Foundation (www.myheart.org.sg).

Dr Low Lip Ping, Chairman Emeritus of SHF agreed, “Diet and exercise are important ways to lower cholesterol” said Dr Low, “but medication is often needed, and especially essential for patients with proven heart disease. Many of our patients seem to be overly concerned about taking medications such as statins, which are well established to be effective at preventing heart attacks and have an excellent safety record. This survey reminds us of the need to educate our patients well.”

Other notable misconceptions include the belief that stopping smoking suddenly is harmful to health. 74% of respondents agreed with this false statement. (In fact, there is no evidence that stopping smoking suddenly is in any way harmful.) Others believe wrongly that once cholesterol targets had been reached, medication for cholesterol control could be stopped and the levels of cholesterol would be maintained (42% of respondents agreed with this false statement).

58% of those surveyed felt that once started on medication, it was dangerous to stop (another false belief). In fact, cholesterol lowering medication can be stopped without any side effects, although the level of cholesterol would very likely return to its original level (assuming that diet and exercise remain the same.)

“The results of this study will help spur us to focus on overcoming specific misconceptions that the public may have about heart health”, said Mr Vernon Kang, CEO of SHF. “We are grateful to AstraZeneca for their unreserved support for this independent study.

The survey was designed by SHF, in line with our objective of periodically undertaking studies to understand public perceptions about heart health”. Among ethnic groups, the prevalence of high cholesterol is greatest in Malays (24.4%), followed by Indians (22.6%) and Chinese (18.8%)².

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About The Singapore Heart Foundation

The Singapore Heart Foundation (SHF) is a non-profit charitable organization at the forefront of the battle against heart disease in Singapore. Since its inception in 1970, the Foundation has grown into a well-established and reputable organization with local and international links. SHF fulfills its mission through educational programmes, highlighting preventive measures against heart disease to the public. SHF supports community-based research aimed at gaining a better understanding of the landscape of heart disease in Singapore. SHF also focuses on rehabilitative and preventive care for recovering heart patients and at-risk individuals. In addition, SHF offers financial assistance to needy heart patients for emergency relief as well as for treatment.

² “National Health Survey 2004”, available on www.moh.gov.sg

For more information, please visit www.myheart.org.sg.

About AstraZeneca

AstraZeneca is a major international healthcare business engaged in the research, development, manufacturing and marketing of meaningful prescription medicines and supplier for healthcare services. AstraZeneca is one of the world's leading pharmaceutical companies with healthcare sales of US\$ 31.6 billion and is a leader in gastrointestinal, cardiovascular, neuroscience, respiratory, oncology and infectious disease medicines. For more information about AstraZeneca, please visit: www.astrazeneca.com

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Note to Editors

Myths & Misconceptions on Statins

Myth	Fact
People with high cholesterol usually have symptoms such as breathlessness or chest pains.	<ul style="list-style-type: none"> – There are usually no signs or symptoms of high blood cholesterol except in those who have a rare type of hereditary High cholesterol in whom cholesterol deposits may be visible in the skin, tendons or eyelids. – There are many people who don't even know that their cholesterol level is too high. – They are usually diagnosed during screening or routine blood tests for other medical conditions.
Once cholesterol is under control, the person can stop taking medication.	<ul style="list-style-type: none"> – When medication is stopped, cholesterol may cease to be under control. – The level of bad cholesterol will usually return to its pretreatment level and raise the risk of heart disease.
Once a person is started on cholesterol medication, it is not safe to stop the medication.	<ul style="list-style-type: none"> – It is safe to stop cholesterol medicine. – However, the bad cholesterol level will return to its previously increased level and raise the risk of heart disease.
To control cholesterol, it is healthier and safer to take herbal medicine or supplements than taking prescribed Western medication.	There are no long-term efficacy and safety studies on herbal medicines and supplements that prove this to be true.
Diet and exercise are equally effective at lowering cholesterol than medication.	<ul style="list-style-type: none"> – Medication has been proven to be more effective at lowering cholesterol than diet or exercise. – If your cholesterol cannot be controlled by diet and exercise, your doctor may prescribe cholesterol - lowering medication(s). – Remember, medicines are not meant to replace a healthy lifestyle². Diet and exercise should be continued with.
One of the side effects of the long-term use of medication for high cholesterol such as statins is damage to the kidney.	<ul style="list-style-type: none"> – There is a considerable body of scientific evidence showing that most statins are safe to prescribe even in the presence of moderate renal impairment. – Studies show that statins are associated with small improvements in renal function.
One of the side effects of the long-term use of medication for high cholesterol such as statins is damage to the liver.	<ul style="list-style-type: none"> – There is no scientific evidence from trials that show increases in liver enzymes to be associated with liver damage⁴.
Taking long-term cholesterol medication such as statins is associated with a higher risk of cancer	<ul style="list-style-type: none"> – There is no evidence that statins increase the risk of cancer. – Statins have a neutral effect on cancer and cancer death in randomized controlled trials.

¹ National Heart Lung and Blood Institute Diseases and Conditions index

http://www.nhlbi.nih.gov/health/dci/Diseases/Hbc/HBC_SignsAndSymptoms.html

² Health Promotion Board Lipid Disorders <http://www.hpb.gov.sg/diseases/article.aspx?id=772>

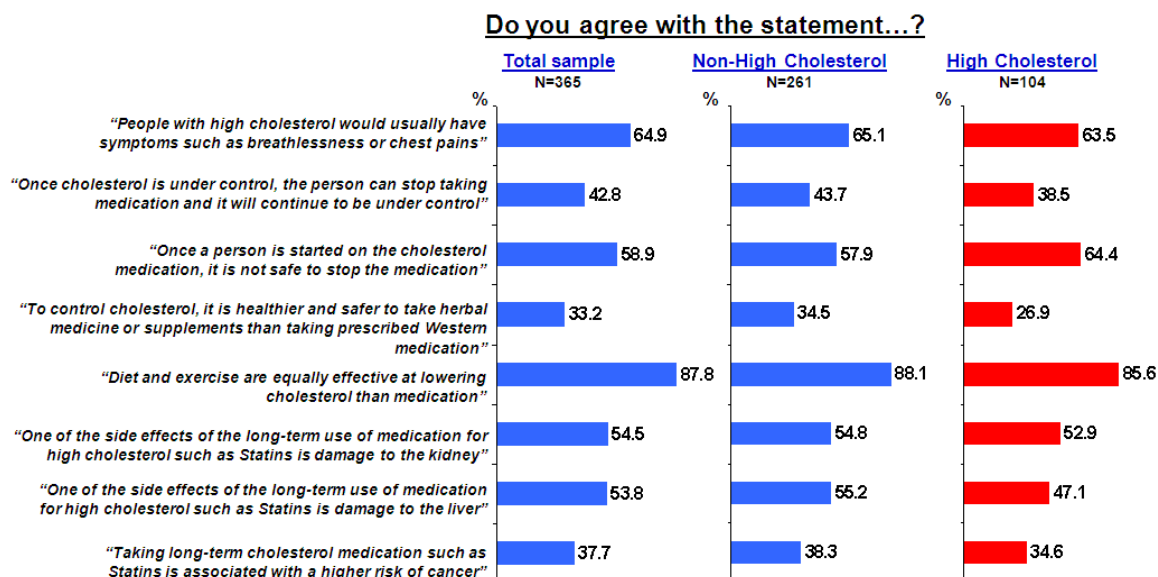
³ Lower Your Cholesterol, Health Promotion Board

⁴ The safety of statins in clinical practice, Armitage *Lancet* 2007;370:1781

Survey Methodology:

Period of Study	<ul style="list-style-type: none"> ❖ 29th June – 03rd August 2009
Sample Size	<ul style="list-style-type: none"> ❖ Total sample of 365 respondents (out of which 104 had been diagnosed with cholesterol within the last 5 years) ➤ Main sample of 313, booster sample of 52
Methodology	<ul style="list-style-type: none"> ❖ Door to Door Survey ❖ Collected over weekend (10am to 10pm) and weekdays (6pm to 10pm) ❖ Selection of Household: Quota sampling across the five CDCs, followed by random sampling for each selected area cluster ❖ Selection of Respondent: Random selection using the Kisch Grid was administered on residents who were present in the household at the time of the survey. ❖ Random selection was conducted at the two levels to ensure sample collected was representative of the Singapore population.
Sampling Criteria	<ul style="list-style-type: none"> ❖ 30 - 69 years old ❖ Males and Females ❖ Singaporeans / PRs ❖ Not from market research, public relations, media, pharmaceutical, medical or healthcare industry.

Thoughts on Cholesterol Management:



Key Findings – Total Sample:

Key Findings Summary – Total Sample				
Gender	Male 40.9%	Female 59.1%	Personal Diagnosis	High cholesterol – 25.2% Diabetes – 11.29% High Blood Pressure – 21.9%
Mean Age	47.5 years			
Race	Chinese – 70.3% Malay – 18.8% Indian – 10.9%		Family's Diagnosis	High cholesterol – 23.6% Diabetes – 19.6% High Blood Pressure – 26.5%
Highest Qualification	Primary – 25.4% Secondary – 42.7% University – 31.9%		Smoking Status	No – 81.8% Yes – 18.2%
Top 3 Occupation	PMEBs – 27.0% Housewife – 25.1% Blue Collar – 21.2%		Top 3 Concerns of Long-term Cholesterol Medication	Liver Problems – 28.5% Kidney Problems – 26.1% Headaches – 18.5%
Personal Income	None – 37.7% < \$1,000 – 11.5% \$1,000-\$3,000 – 29.4% > \$3,000 – 21.3%		Mean Ratings of Remedies in Controlling Cholesterol (Max Score of 5)	Exercise – 4.51 Change in Diet – 4.43 Western Medication – 3.92 Chinese/Herbal Medication – 3.50 Over The Counter Medication – 3.02
Housing Type	HDB – 85.9% Landed Property – 4.6% Condo – 6.9% Shophouse – 2.6%		Respondents Who Have Gone for Medical Checkup	81.9%
			Respondents Who Know Their Cholesterol Level	11.0%