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Introduction
Statins (3-hydroxy-3-methyl glutaryl coenzyme A reductase inhibitors) have been shown to be effective lipid-lowering agents [1]. Their beneficial effects in the primary and secondary prevention of cardiovascular disease have been well documented in several large randomized controlled studies [2–4]. However, several studies have shown [5, 6] that prescription of statins lags behind the trial results, resulting in inadequate protection for those patients who would benefit from such therapy. A previous study undertaken at primary care level [7] in Ireland examined the prescribing patterns of...