

Lipid management: maximising reduction of cardiac risk

Editor – We enjoyed reading Webb *et al*'s succinct review of lipid management (*Clin Med* December 2013 pp 619–20) in relation to cardiac risk. The authors are right that chronic kidney disease (CKD) increases the risk profile of patients and affects lipid-lowering treatment thresholds.

They also note that cardiac risk calculations are of limited value in CKD due to either a lower proportion of patients with CKD in the development and validation cohorts (QRisk: 0.15% of derivation cohort had CKD),¹ or due to patient not being validated in CKD (Framingham).²

A cardiac risk score specifically for patients with CKD is therefore needed to improve risk stratification. Until such a score is developed, perhaps we should consider, in line with the recent Kidney Disease Outcomes Quality Initiative update of dyslipidaemia management in CKD,³ universal use of statins in all patients with CKD aged over 50 years. ■

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References

- 1 Hippisley-Cox J, Coupland C, Vinogradova Y *et al*. Predicting cardiovascular risk in England and Wales: prospective derivation and validation of QRISK2. *BMJ* 2008;336:1475–82.
- 2 Weiner DE, Tighiouart H, Elsayed EF *et al*. The Framingham predictive instrument in chronic kidney disease. *J Am Coll Cardiol* 2007;50:217–24.

- 3 Kidney Disease Improving Global Outcomes. KDIGO 2013 Clinical Practice Guideline for Lipid Management in Chronic Kidney Disease. *Kidney International Supplements* 2013;3:259. <http://kdigo.org/home/guidelines/lipids/> [accessed 7 February 2014].

Drug therapies in liver disease

Editor – We very much enjoyed your article ‘Drug therapies in liver disease’ (*Clin Med* December 2013 pp 585–91). As emergency physicians it was a very useful summary; however, we did think there was one very useful drug missing – indomethacin. Hepatic encephalopathy is a complex manifestation of severe liver disease. The article clearly summarises the drugs used to try and decrease the amount of ammonia reaching the cerebral circulation, but does not mention those mitigating cerebral hyperaemia.

Cerebral hyperaemia is associated with high-grade encephalopathy, especially in the acute setting. Indomethacin has been shown to be an effective treatment of hepatic encephalopathy where this is the case and other treatments have failed.¹ Therefore, we felt that it deserved a mention in your article given our positive experiences with it. ■

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Reference

- 1 Bernal W, Wendon J. Acute liver failure. *N Engl J Med* 2013;369:2525–34.