

2000 Nr 73

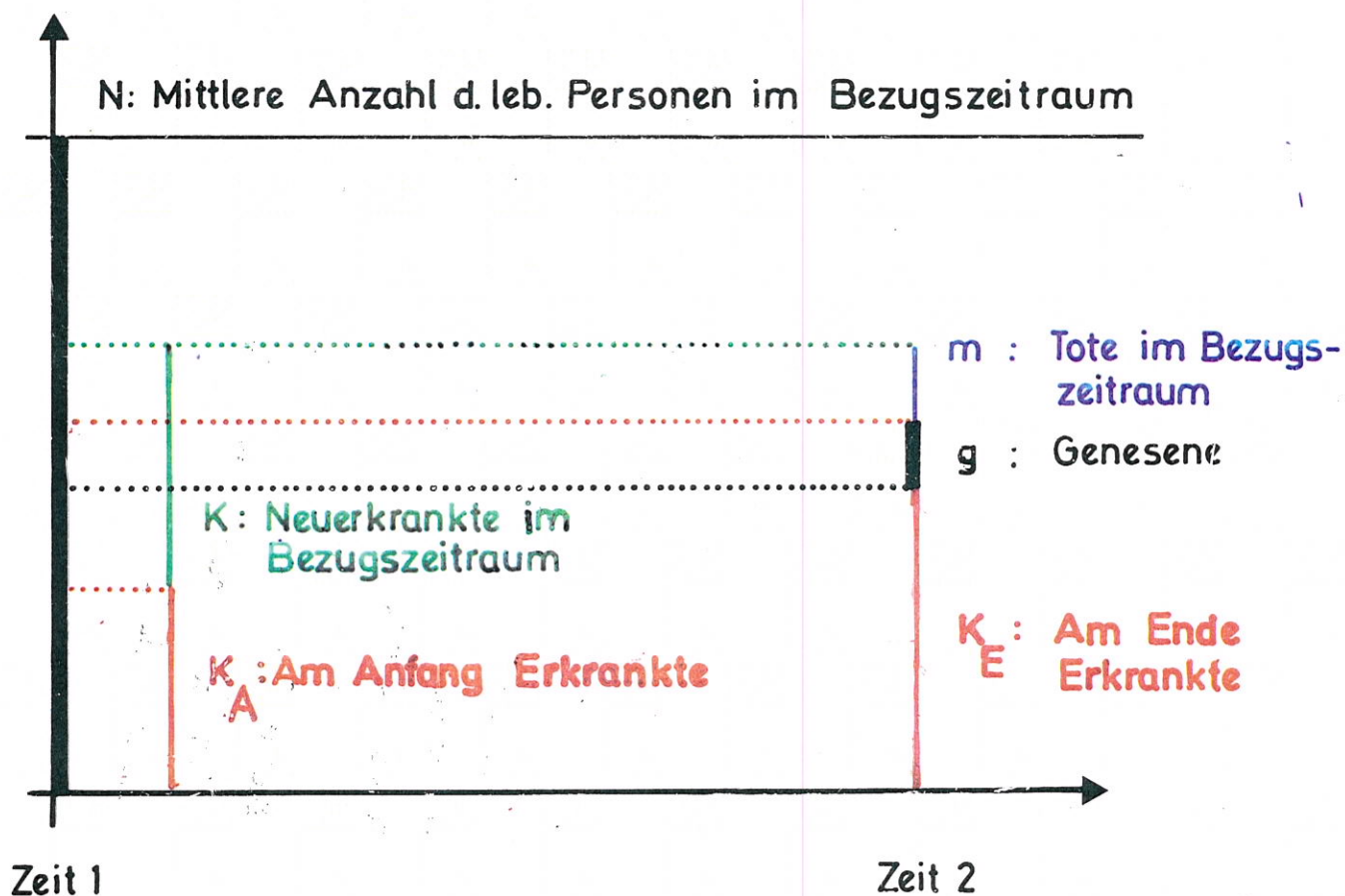
**Wie läßt sich ein Therapieeffekt von
Cholesterinsynthese-Inhibitoren bei Patienten mit
KHK nachweisen ?**

**Wirksamkeitsnachweis und epidemiologische Fakten als wichtige
Voraussetzungen ärztlichen Handelns in der Diagnostik und
Therapie der Arteriosklerose und koronaren Herzkrankheit**

8.11.2000

Was wird in dieser Stunde behandelt ?

- I. Grundbegriffe zum Wirksamkeitsnachweis und zur Epidemiologie**
- II. Nachweis des Therapieeffekts eines Cholesterinsynthese-Inhibitors am Beispiel der WOS – Studie, Hinweise auf weitere Studien**
- III. Übersicht über Risikofaktoren der KHK**
- IV. Wie kann die Situation verbessert werden ?**



$$K_A + K = K_E + g + m$$

Mortalität $= \frac{m}{N} \cdot 100$

Inzidenz $= \frac{K}{N} \cdot 100 \approx$ Morbidität

Prävalenz $= \frac{K_A}{N} \cdot 100$

Letalität $= \frac{m}{K_A + K - K_E} = \frac{\text{Tote}}{\text{Erkrankte}} \approx \frac{m}{K}$

Letalität $\approx \frac{\text{Mortalität}}{\text{Inzidenz}} \quad \frac{m}{K} = \frac{m}{N} \cdot \frac{N}{K}$

Nutzen bei Behälter

NNT: Number needed to treat: P_A = Risiko in A = 0,34

P_B = " in B = 0,28

$$\frac{1}{|P_A - P_B|} = \frac{1}{0,06} = 17$$

$$RR = \frac{0,34}{0,28} = 1,21$$

Wirkungrate = 6%

Wir würden 17 Leute ^{mit Diet A} behandeln müssen, damit ¹ Patient
bei Benefit hat

NNT sollte größer als 20 und kleiner als
500 sein

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