well tolerated by patients and are the most effective agents to date. If their long term safety is confirmed in large studies they are likely to become first line agents in the management of hypercholesterolaemia. They also have a role in patients with combined increases of cholesterol and triglyceride concentrations. Additional data on their impact on coronary morbidity and mortality are necessary, however, before the widespread use of statins is contemplated.

OTHER DRUGS

Neither neomycin or thyroxine is now recommended. Derivatives of ω-3 fatty acids may have some role in the treatment of hypertriglyceridaemia, but their long term efficacy and safety has not been proved and some concern exists about the LDL raising actions of these agents. Several other compounds that reduce sterol absorption from the intestine (sucrose polyester, sitosterol, and neomycin analogues) or that inhibit enzymes associated with cholesterol esterification (acyl-cholesterol acyl-transferase inhibitors) are still under investigation.

COMBINED TREATMENT

When a single agent does not produce an adequate reduction in cholesterol or does so only by inducing undesirable side effects, a combination of agents may be efficacious, rational, and well tolerated by patients. The choice is often dictated by synergistic mechanisms, and some examples are shown in table II.

Conclusion

Increasing numbers of highly efficacious and well tolerated lipid lowering drugs are becoming available. Though many studies have shown a reduction in the incidence of cardiovascular events in patients treated with lipid lowering agents, no study to date has shown a favourable effect on the overall death rate. Nevertheless, these drugs should be regarded as part of the armoury and must always be combined with dietary treatment. Attention to other risk factors including hypertension, smoking, and diabetes is also clearly indicated.

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Correction

ABC of Transfusion

Testing before transfusion, and blood ordering policies

An error occurred in this paper by Dr Marcela Contreras and Professor P L Mollison (9 December, p 1448). A sentence was omitted from the eighth line of the second paragraph, which should read "... be incubated at 37°C for 30-60 min (10 min in low ionic strength solution), washed thoroughly. ..."

Transfusion of red cells

An error occurred in the legend to a pair of photographs in this paper by Drs Sally C Davies and Milica Brozović (27 January, p 249). The photograph on the right hand side of the pair depicts microcytic red cells and not macrocytic red cells as printed.