

Lecture Abstract or Synopsis for publication

Moderate Intensity Statin Plus Ezetimibe vs. High Intensity Statin in Hypercholesterolemia Patients with CHD Risk

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Abstract

Several trials demonstrated that the reduction in cardiovascular events is associated with lower LDL-C levels. In ASCOT and CARDS trial, statin plus ezetimibe therapy demonstrated additional 36 to 37% risk reduction in major cardiovascular events compared to placebo for hypertension or Type 2 diabetes patients as primary prevention. Also In SPARCL, TNT, PROVE IT-TIMI study, Atorvastatin proved 16 to 22% major CV events risk reduction for Stroke/TIA, stable CHD, and ACS patients as secondary prevention. Generally, LDL-C <70mg/dL or 50% reduction is recommended for people who have ASCVD history. To achieve the target of LDL-C level and absolute risk reduction, using high dose statin are recommended for coronary artery disease population, especially in acute phase of acute coronary syndrome. However, in real world, several obstacles such as Myopathy, New onset diabetes and Elderly patient are exists for titrating up the statin dose. Therefore moderate intensity statin and Ezetimibe combination could be considered as an alternative to high-intensity statin therapy for atherosclerotic cardiovascular disease patients. In previous studies, It improved lipid profile more than statin monotherapy with no significant differences in safety profile. IMPROVE-IT study demonstrated that combination therapy of ezetimibe/statin provided additional reduction of the incidence of cardiovascular events compared with statin monotherapy [HR 0.936 (95% CI, 0.89–0.99, p=0.016)]. Based on the results of the IMPROVE-IT, recent guidelines recommend aggressive LDL-C lowering and the addition of non-statin treatment such as ezetimibe on maximally tolerated statin for the management of dyslipidemia. In addition, adding ezetimibe has an additive role in reducing plaque volume by inhibiting cholesterol absorption. A recent study of PRECISE-IVUS reported that the treatment with the atorvastatin/ezetimibe combination showed greater coronary plaque volume regression compared to the treatment with atorvastatin mono-therapy.