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# Beyond LDL-Cholesterol lowering effect of CREZET

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## Abstract

Recent clinical trials showed that that low-density lipoprotein cholesterol (LDL-C) levels should be lowered even further to improve the clinical outcome among the high risk patients. However, despite aggressive LDL-C lowering therapy, there remains residual risk for incident coronary artery disease, cerebrovascular disease, and cardiovascular mortality. It might be related to the fact that LDL-C lowering therapy was not started earlier in the life of patients or that LDL-C levels represent an incomplete picture of atherogenic potential. Although it is believed that the majority of clinical benefit obtained with statin therapy is a direct result of their lipid-lowering properties, statins have additional cholesterol-independent or pleiotropic effects on cardiovascular disease, including improving endothelial function, decreasing vascular inflammation and enhancing plaque stability. In addition, ezetimibe, a cholesterol absorption inhibitor that blocks the intestinal absorption of both biliary and dietary cholesterol, inhibits the intestinal absorption of cholesterol, phytosterols and certain oxysterols. Ezetimibe monotherapy and in combination with statin therapy significantly decrease LDL-C levels. In addition, it may favorably affect other parameters that could potentially further reduce atherosclerotic coronary heart disease risk, such as raising HDL-cholesterol and lowering levels of triglycerides, non-HDL-cholesterol, apolipoprotein B and remnant-like particle cholesterol. Further effects of ezetimibe include a reduction in circulating phytosterols and oxysterols and, when used in combination with statins, a reduction in high-sensitivity C-reactive protein. In this talk, I will present the clinical significance of the LDL-C lowering and other effects of CREZET (rosuvastatin plus ezetimibe) by reviewing the results of previous clinical studies.

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