

Why Should We Consider Ezetimibe in Lipid Guidelines?

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Abstract

Dyslipidemia, with elevated low-density lipoprotein cholesterol (LDL-C) as its main, is a well-established risk factor for atherosclerotic cardiovascular disease (ASCVD) and statins are the first-line therapy for its management in patients with elevated LDL-C and increased cardiovascular risk. However, many at-risk patients do not achieve the target goal of LDL-C with statin monotherapy or do not tolerate statins due to side effects including muscular symptoms and new onset diabetes. In addition, some patients have residual risk for ASCVD despite maximizing statin therapy. Insufficient LDL-C reduction and residual risk in a significant proportion of statin-treated patients signify that additional therapies are required to deliver more effective treatment of cardiovascular diseases. In this respect, ezetimibe, cholesterol absorption inhibitor, may be used to supplement statin therapy, or used alone in cases of statin intolerance. Emerging evidence from IMPROVE-IT study (Improved Reduction of Outcomes: Vytorin Efficacy International Trial) suggests that adding ezetimibe to statin therapy is associated with further reduction of ASCVD events than statin only treatment, particularly in patients with significantly elevated atherosclerotic cardiovascular disease risk and elevated LDL level. We will discuss about the effects and clinical benefit of ezetimibe for ASCVD.