MEDIBEATS
The Medical Bulletin

In Lipidology

My Patient's Cholesterol Is Still High Despite Treatment...Help!

Below are some key learning points to help reinforce the impact of this activity.

Atherosclerotic cardiovascular disease (ASCVD) remains the highest cause of mortality and morbidity in most regions of the world. Prevention of cardiovascular (CV) events begins by assessing risk in each patient and treating them based on that risk. Diet and lifestyle modifications are important means by which to reduce the risk of CVD. Lipid-lowering therapies are equally important in order for patients to achieve appropriate reductions in LDL-C based on the assessed risk.

Statin therapy remains the first-line treatment to reduce LDL-C and the risk for CV events. Despite the efficacy of statins to reduce CV risk by about 25% to 35%, residual risk for CV events remains.

There are multiple nonstatin therapies that can be added on top of statins, where clinical trials have proven their efficacy to further reduce LDL-C in order to achieve LDL-C goals in patients at high risk of CV events.

- Ezetimibe is a first-line guideline recommended nonstatin therapy add-on in patients unable to achieve LDL-C goals.
- PCSK9 monoclonal antibodies are recommended or can be considered for patients unable to meet their LDL-C goals on statin + ezetimibe therapy.
- Bempedoic acid (inhibitor of ATP citrate lyase) and inclisiran (siRNA that inhibits the translation of PCSK9 protein) are novel agents that are currently available for LDL-C reduction, although CV outcome studies are still ongoing and their use has not yet been implemented in any guideline recommendations.

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