Statins Are Disruptive Safe Miracle Drugs And Should Be Used More Widely: Which Drug, What Dose And For Whom

Don Poldermans

The LDL-Hypothesis Should Be Considered As The LDL-Principle

How Low Is Low Enough?

PROVE IT: Primary End Point
(All-Cause Death or Major CV Events in All Randomized Subjects)

How can we reduce the residual risk?

How can we reduce the residual risk in patients with peripheral vascular disease?

Implement all current guidelines for secondary prevention.

How can we lower LDL-C?

Can LDL-C be too low?

The future for lipid lowering therapy.

Disclosure slide:

Don Poldermans

No disclosures related to this presentation.

PROVE IT: Primary End Point
(All-Cause Death or Major CV Events in All Randomized Subjects)

Results of EUROSPIRE-I-IV studies 1995 – 2014

Percentage of patients 6 months after an acute MI with smoking, hypertension, an increased LDL-C or diabetes mellitus in the Netherlands

Kotseva K et al. “EUROASPIRE IV: A European Society of Cardiology survey on the lifestyle, risk factor and therapeutic management of coronary patients from 24 European countries.” European journal of preventive cardiology (Feb 2015) [epub]
How low should LDL-C be lowered?

LDL-C and Lipid Changes

IMPROVE-IT vs. CTT: Ezetimibe vs. Statin Benefit

IMPROVE-IT Long-term Study

CV Death

ODYSSEY Long-term Study

LDL-C Reduction

Clinical Safety Endpoints
Greater LDL-C reduction with alirocumab than with conventional intensive lipid-lowering strategies in ODYSSEY OPTIONS I

Adapted from: Bays et al., J Clin Endocrinol Metab. 2015

LS mean (SE) % change from baseline in calculated LDL-c at week 24

<table>
<thead>
<tr>
<th>Treatment</th>
<th>% Change</th>
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<tbody>
<tr>
<td>Alirocumab add-on</td>
<td>30%</td>
</tr>
<tr>
<td>Ezetimibe add-on</td>
<td>25%</td>
</tr>
<tr>
<td>Doubling ATV dose</td>
<td>20%</td>
</tr>
<tr>
<td>Switch to rosuvastatin</td>
<td>15%</td>
</tr>
</tbody>
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Annual costs per avoided event (1000 €)

Take home message

- Use of high-dose statins does not eliminate the risk in vascular patients
- Low LDL-C can be achieved with the addition of ezetimibe is safe and improve late outcome
- Outcome data of PCSK9 monoclonal antibodies are needed and after success will replace the vast majority of our treatment options
- Cost of lipid lowering therapy should be controlled
- New and lower LDL-C targets?