What Is New in Best Medical Therapy For Vascular Patients: How Can Its Effectiveness Be Measured: What LDL Level Should We Strive For; Can The LDL Level Ever Be Too Low?
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MY DISCLOSURES
I am not currently receiving any bribes or undercover inducements from industry

Four talks in 5 minutes!
Talk #1: What Is New in Best Medical Therapy For Vascular Patients?
- New BP lowering guidelines
  - Targeting BP to 120mmHg reduced CV events by a third

New Cholesterol lowering guidelines
- Clinical ASCVD
- Primary elevation of LDL-C >190mg/dL
- Diabetics 40-75 years without ASCVD and LDL-C 70-189 mg/dL
- Non-diabetics with LDL-C 70-189 mg/dL and estimated 10 year ASCVD risk >7.5%

Outcome
- Three quarters of all people 60-75 years would require statins if these guidelines were to be followed
Almost half of the 115.4 million adults between the ages of 40 and 75 years will be eligible to go on statin therapy.

**Potential Statin Users**

**Deported**

Monoclonal Antibodies to PCSK9

- Praluent® and Repatha®
- **BUT**
  - Short term
  - No long term safety information
  - No short term clinical improvement demonstrated
  - Subcutaneous injection
  - Costly - $14,000/year

**Dramatic Lowering of LDL in comparison to Statins**

- LDL – **NO**
  - Little (none?) info to suggest lowest LDL has best results
- HDL – **NO**
  - Drugs that raise HDL have not shown improvement in outcome
- CRP – **NO**
  - Reduction in CRP not shown to decrease mortality

**OUTCOME – YES**

- Stroke
- Death
- MI
- Graft Patency
- Amputation

**Talk #2: How Can Effectiveness Be Measured?**

**Talk #3: What LDL Level Should We Strive For?**

- Current guidelines don’t give a level
  - Just Use the strongest Statin tolerated to achieve <50% of what it was before treatment
Talk #4: How low can you go?

Low Cholesterol

- Memory loss
- Causes depression
  - Maybe not for the patient but for me!!!

Why

- With the new PCSK9 inhibitors
  - Are we seeing the potential cure for PAD?

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