



Drug Monitor

ONLINE EDITION

ACS Patients Missing Out on Lipid Therapy

From 2005 to 2009, only about one-third of patients hospitalized with acute coronary syndrome (ACS) were discharged on intensive lipid-lowering therapy (I-LLT), according to a study by researchers from the University of California in Fresno; VA Boston Healthcare System and Brigham and Women's Hospital, both in Boston, Massachusetts; and Duke University in Durham, North Carolina. Even among those patients whose admission levels of low-density lipoprotein (LDL) required at least a 50% reduction to achieve an optional goal of < 70 mg/dL, only half were discharged on I-LLT.

Their findings suggest a need for better implementation of the guidelines on statin therapy, the researchers say. Data have established a "very early clinical benefit" for statin therapy that persists on long-term follow-up, they

note, in a variety of patient populations.

The researchers analyzed data from 65,396 ACS patients in 344 hospitals participating in the American Heart Association's Get With the Guidelines program. At discharge, 25,036 patients (38%) were receiving I-LLT; 40,360 (62%) were receiving less-intensive LLT (LI-LLT). Patients who were on I-LLT were younger, male, and had higher admission LDL levels. One-third of the patients were on statin monotherapy and 8% received statin/ezetimibe. When the researchers confined their analysis to the 76 hospitals that collected data on the dose, the findings were similar: Of 28,724 patients, 39% were on I-LLT.

What had been a slight but general rise in the rate of discharge I-LLT became a marked decline in 2008 and 2009, mainly due to the significant drop in the use of statin plus ezetimibe—from 11.4% in 2007 to 3.4% in 2009. When the combination treatment was excluded, use of I-LLT at

discharge was 28% in 2005 and 33% in 2009, without significant change between 2007 and 2009.

The researchers say that statins, which play a pivotal role in LDL reduction, also may exert a pleiotropic effect by reducing the extent of myocardial ischemia and remodeling, as well as promoting plaque stabilization and endothelial function. It now is widely accepted, they add, that early and intensive statin therapy in ACS is associated with reduced inpatient mortality and morbidity, as well as improved long-term survival and lower rates of recurrent coronary events. However, they note, the current guidelines do not specify a dose of statin for ACS patients, but, rather, an optional target of < 70 mg/dL in high-risk patients. Moreover, many clinicians may believe that the titration to I-LLT can occur postdischarge, which may explain the treatment gap. ●

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