

Intenzivirana terapija statinima u bolesnika s akutnim koronarnim sindromom: postizemo li ciljne vrijednosti?

High-intensity statin therapy in patients with acute coronary syndrome: is it enough to achieve target values?

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Uvod: Hiperlipidemija je poznati čimbenik rizika za razvoj koronarne bolesti srca. Rano započinjanje liječenja hiperlipidemije u akutnom koronarnom sindromu (AKS) može biti vrlo korisno. Prema trenutno važećim smjernicama za liječenje dislipidemija¹ preporuča se rano uvođenje intenzivirane terapije statinima u AKS-u, neovisno o početnim vrijednostima LDL kolesterola (LDL-C), s ciljem postizanja vrijednosti LDL-C < 1,8 mmol/L ili 50% sniženje vrijednosti LDL-C ako je početna vrijednost između 1,8 i 3,5 mmol/L.^{1,2} Najnoviji rezultati EUROASPIRE V studije pokazuju da, iako je većina bolesnika s AKS uzimala preporučenu hipolipemijsku terapiju, tek svaki treći postigao je ciljne vrijednosti LDL-C. Cilj ovog istraživanja bio je ispitati koliko bolesnika s akutnim koronarnim sindromom postiže ciljne vrijednosti LDL-C nakon 3 mjeseca preporučene terapije.

Bolesnici i metode: Retrospektivno smo analizirali 206 bolesnika s AKS-om: 90 (44%) bolesnika s akutnim infarktom miokarda s elevacijom ST-segmenta, 86 (42%) s akutnim infarktom miokarda bez elevacije ST-segmenta i 30 (14%) bolesnika s nestabilnom anginom pectoris. 66% bolesnika bili su muškarci, a 34% žene s prosječnom dobi od 66,13 godina. U svih bolesnika započeta je inten-

Introduction: Hyperlipidemia is a major risk factor for coronary heart disease. Early treatment of hyperlipidemia following acute coronary syndrome (ACS) provides potential benefits. According to ESC Guidelines for the Management of Dyslipidaemias¹, it is recommended to initiate a high-dose statin therapy early after admission in all ACS patients, regardless of initial low-density lipoprotein cholesterol (LDL-C) values, with the aim of reaching the LDL-C goal < 1.8 mmol/L or at least a 50% reduction of LDL-C if the baseline is between 1.8 and 3.5 mmol/L.^{1,2} The latest results of EUROASPIRE V study showed that even though the majority of patients with ACS were receiving lipid-lowering therapy, only about one in three of these patients attained the recommended LDL-C goal values. The aim of this study was to investigate how many patients discharged with the diagnosis of ACS reach the recommended LDL-C goal values at 3-month follow-up.

Patients and Methods: We retrospectively analyzed 206 patients discharged with a diagnosis of ACS: 90 patients (44%) had ST-segment elevation myocardial infarction, 86 (42%) had no ST-segment elevation myocardial infarction, and 30 (14%) had unstable angina pectoris. Among patients diagnosed with ACS, 66% were men and 34% were

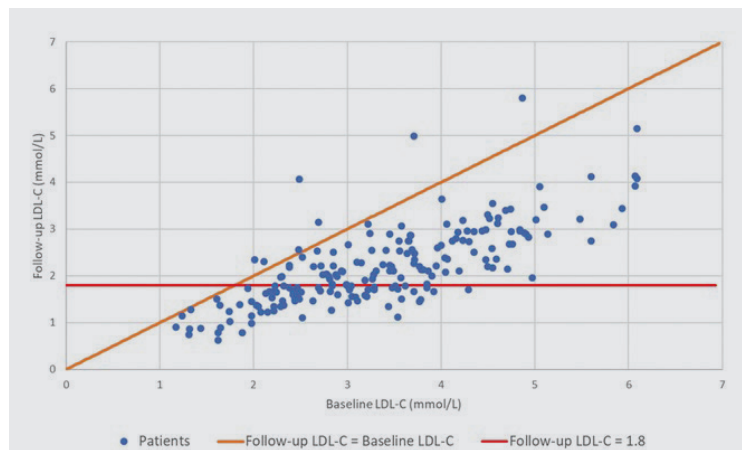


FIGURE 1. Therapy effect on LDL-cholesterol reduction.

LDL-C = LDL cholesterol.

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zivirana terapija statinima (atorvastatin 80 mg ili rosuvastatin 40 mg), a u nekoliko je uvedena dvojna terapija s ezetimibom. Analizirane su početne vrijednosti LDL-C u tijeku hospitalizacije te 3 mjeseca nakon otpusta iz bolnice.

Rezultati: Prosječna početna vrijednost LDL-C bila je 3,36 mmol/L, uzimajući u obzir da je 28% bolesnika već imalo nekakvu vrstu hipolipemijske terapije. Nakon 3 mjeseca prosječna vrijednost LDL-C bila je 2,19 mmol/L. Ciljnu vrijednost LDL-C < 1,8 mmol/L postiglo je 38% bolesnika (**slika 1**).

Zaključak: Tek 38% bolesnika s AKS-om postiglo je ciljnu vrijednost LDL-C unatoč preporučenoj terapiji, što je u skladu s rezultatima EUROASPIRE V studije. Slabi rezultati mogli bi se pripisati lošim prehrambenim i životnim navikama. U svakom slučaju moramo unaprijediti liječenje hiperlipidemije kod bolesnika s AKS-om u sekundarnoj prevenciji.

women, with a mean age of 66.13 years old. All patients received high-dose statin therapy (atorvastatin 80 mg or rosuvastatin 40 mg), a few of them even in combination with ezetimibe. We analyzed the baseline LDL-C values during hospital admission and after discharge at 3-month follow-up.

Results: The average LDL-C value during hospital admission was 3.36 mmol/L, considering that 28% of patients already had some type of lipid-lowering therapy. At 3-month follow-up the average LDL-C value was 2.19 mmol/L. The target level of LDL-C < 1.8 mmol/L was attained by 38% of patients (**Figure 1**).

Conclusion: Only 38% of patients with ACS reached the LDL-C target at 3-month follow-up despite recommended therapy, which correlates with EUROASPIRE V findings. The poor goal attainment might be due to poor dietary habits and inadequate lifestyle. Therefore, we need to improve lipid management in ACS patients in secondary prevention.

LITERATURE

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