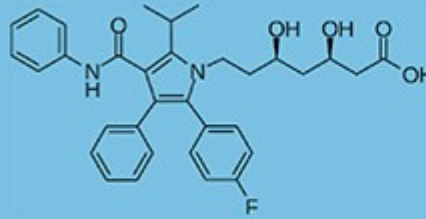


STATIN

NEWSLETTER



A CURATED WEEKLY OVERVIEW OF ALL STATIN PUBLICATIONS

Update week 09 & 10 - 2022

Dr. Peter Lansberg is a Dutch lipidologist, educator and innovator. He has been instrumental in setting up The Dutch National Lipid Clinic Network, the Dutch Lipid Clinic Criteria for Familial Hypercholesterolemia (FH), and the Dutch National FH screening program

The Statin Newsletter will keep you up-to-date with all recent statin publications. Based on a curated approach to select relevant articles.

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Key Publications

1. **Current understanding of statin side effects**
 2. **Primary prevention can we afford to include more patients**
 3. **Statins in elderly CAD patients shows benefits**
 4. **Renal function and cholesterol synthesis/absorption**
 5. **Residual risk - inflammation a promising new approach**
-

Side effects of statins, facts and mechanisms explained

The evidence on the CV benefits of statins is strong and reflected in all guidelines aiming to reduce CV risk. The hurdle that prevents the implementation of the appropriate statin therapy is based mainly on the notion of frequent and severe side effects associated with high doses. High-intensity statins. In this extensive review, the authors provide insights on the mechanisms responsible for documented adverse events and show that a number of the reported tolerability issues, cataracts, cognitive dysfunction, proteinuria, and hematuria, are unlikely to be caused by statins. Risk for side effects such as muscle-related complaints and new-onset diabetes can be identified and addressed by complementary therapeutic strategies or by simply choosing alternative regimens to ensure adequate lipid management in a patient considered to be at risk for ASCVD

Ruscica M, Ferri N, Banach M *et al.* **Side effects of statins-from pathophysiology and epidemiology to diagnostic and therapeutic implications.** Cardiovascular research 2022. <http://www.ncbi.nlm.nih.gov/pubmed/?term=35238338>

Expanding statin indication in primary prevention is cost-effective

The impact of statins on the primary prevention of ASCVD has been firmly established; the indication to start statins is based on an estimation of a 10-year CV risk profile. In the article, the authors evaluate the concept of expanding the indication of statins for primary

prevention based on the availability of cheap generic drugs. This model aimed to evaluate the impact of expanding statin initiation in Scottish adults aged ≥ 40 years. They estimated the cost-effectiveness of expanding statin eligibility based on data collected in the Scottish Heart Health Extended Cohort, Scottish Morbidity Records, and National Records of Scotland. Reducing the threshold for the ages stratified ASSIGN risk score from 20% to 10% would expand statin use from 804 000 (34% of CVD-free adults) to 1 445 00 individuals (58% of CVD-free adults).

Cost-effectiveness was calculated as ICER: £12,300/QALY (£7,690/QALY-£26,500/QALY). Incremental to ASSIGN 20 % risk produced around 8,800 QALYs and was cost-effective, £7,050/QALY (£4,560/QALY-£10,700/QALY). Incremental to ASSIGN 10% produced around 7,950 QALYs and was cost-effective (£11,700/QALY (£9,250/QALY-£16,900/QALY)).

Kohli-Lynch CN, Lewsey J, Boyd KA *et al.* **Beyond Ten-Year Risk: A Cost-Effectiveness Analysis of Statins for the Primary Prevention of Cardiovascular Disease.** Circulation 2022. <http://www.ncbi.nlm.nih.gov/pubmed/?term=35249370>

Clear benefits of statins in very elderly patients after PCI

In an aging society, prevention expands to individuals of advanced age to prevent future events and arrest disease progression. In this analysis, 1 676 consecutive elderly (≥ 75 years) patients had a successful PCI. Patients were followed for a period of 3 years or until the occurrence of a MACE. Propensity score matching allowed to compare 466 patient pairs for outcomes based on statin use. A total of 176 MACEs occurred during the median follow-up period of 25 months. Using Kaplan Mayer survival statistics, statin treatment was associated with a reduced incidence of MACE within 30-days of PCI ($P < 0.001$). This was observed in the follow-up period as well HR:0.55 (0.40-0.75, $P < 0.001$). Stratification analysis for MACE Statin use showed less benefit in patients with symptomatic heart failure. Protective effects were increased in patients who suffered a stroke, peripheral artery disease, and smokers.

Horikoshi T, Nakamura T, Yoshizaki T *et al.* **A Propensity Score Matched Analysis of Statin Effects on Major Adverse Cardiac Events after Percutaneous Coronary Intervention in Patients Over 75 Years Old.** Intern Med 2022. <http://www.ncbi.nlm.nih.gov/pubmed/?term=35228422>

Impact of renal function on markers of cholesterol absorption and cholesterol synthesis

Therapeutic approaches to reduce plasma cholesterol have expanded beyond statins in the last 10 years. The use of cholesterol absorption inhibitors, ezetimibe, is recommended as first add-on therapy in patients unable to reach LDL-c targets with statin monotherapies. Cholesterol synthesis (CS) vs. cholesterol absorption (CA) was evaluated in the CACHE (Cholesterol Absorption (CA) and Cholesterol synthesis in High-risk patiEnts) consortium. A total of 2944 patients included in this registry were evaluated to study the impact of renal function on CS and CA. Campesterol and latherosterol were used as markers for CA and CS. For the final analysis, 2200 individuals were stratified by renal function; 522 patients used hemodialysis. The median age was 58 years, and the median eGFR was 68.9 mL/min/1.73m². With declining renal function, Campesterol and Campesterol/Latherosterol plasma concentrations increased while Latherosterol levels decreased. Sex, diabetes mellitus type 2, and statin use modified these numbers significantly

Shoji T, Akiyama Y, Fujii H *et al.* **Association of Kidney Function with Serum Levels of Cholesterol Absorption and Synthesis Markers: The CACHE Study CKD Analysis.** J Atheroscler Thromb 2022. <http://www.ncbi.nlm.nih.gov/pubmed/?term=35249905>

Inflammation as an indicator of residual risk; how to assess and should we treat?

The detrimental effects of chronic subclinical inflammation are recognized as relevant for determining residual CVD risk and potential therapeutic targets; this review summarizes the current understanding of inflammation and how inflammation makers can reflect processes that harm the cardiovascular vessels and promote atherosclerosis and trigger atherosclerosis acute CVD complications. Targeting biomarkers or inflammation to reduce

CV risk remains the subject of active debates but could potentially shift our current paradigm of ASCVD risk management; in this review, novel therapeutic agents are presented, and trials that studied the CVD benefits of anti-inflammatory drugs, e.g., Canakinumab assessed.

Hafiane A, Daskalopoulou SS. Targeting the residual cardiovascular risk by specific anti-inflammatory interventions as a therapeutic strategy in atherosclerosis. Pharmacol Res 2022; 178:106157. <http://www.ncbi.nlm.nih.gov/pubmed/?term=35257900>

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