

Keywords

ezetimibe,
hypercholesterolaemia,
LDL cholesterol, statins

Aust Prescr 2024;47:94

<https://doi.org/10.18773/austprescr.2024.019>



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Letters to the Editor

Lipid-lowering therapy in patients with a 'normal' LDL-C

Thank you for the valuable article on managing hypercholesterolaemia.¹ Given there is no target lipid concentration for reducing cardiovascular disease risk, in a patient at high cardiovascular disease risk but with a normal low-density lipoprotein cholesterol (LDL-C) concentration, what is the appropriate dosing for lipid-lowering therapy?

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Conflicts of interest: none declared

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Adam Nelson and Stephen Nicholls, the authors of the article, comment:

Thank you for your comment on our article and for the question regarding dosing of lipid-lowering therapy.

The 2023 Australian Guideline for Assessing and Managing Cardiovascular Disease Risk¹ does not provide lipid-lowering treatment targets and thus we defer to the European guidelines for management of dyslipidaemias.² These guidelines recommend achieving an LDL-C concentration target of 1.4 mmol/L and a 50% reduction from baseline in patients considered at

high cardiovascular risk. The linear relationship between reduction in LDL-C and prospective risk for atherosclerotic events holds independently of baseline LDL-C;³ thus, for every 1 mmol/L decrease in LDL-C, one would expect an approximately 21% reduction in the relative risk of an event, despite a 'normal' baseline LDL-C. In this context, while the 1.4 mmol/L target may be more attainable in a patient with a lower starting concentration (e.g. LDL-C 2.5 mmol/L), a 50% reduction from baseline still remains important, and will likely require high-intensity statin therapy (atorvastatin 40 to 80 mg daily or rosuvastatin 20 to 40 mg daily) or a combination of a moderate-intensity statin and ezetimibe.

Addressing other modifiable risk factors in patients at high risk of cardiovascular disease remains critical and includes, but is not limited to, achieving a blood pressure of less than 130/80 mmHg, smoking cessation, exercising more than 150 minutes per week, and reducing glycated haemoglobin (HbA1c) to less than 53 mmol/mol (7%).

REFERENCES

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