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Insufficient Lipid Control in Patients With Coronary Artery Disease: An Unresolved Problem. Response

Insuficiente control de parámetros lipídicos en pacientes con enfermedad coronaria: un problema por resolver. Respuesta

To the Editor,

We thank Renilla et al. for their comments regarding our article on insufficient lipid control in patients with coronary artery disease,[1] and we must agree with the majority of their comments and reflections.

The results of our study may appear somewhat disheartening, with good control (low-density lipoprotein [LDL] < 70 mg/dL) being achieved in only 26% of patients with coronary artery disease in Spain. However, we must bear in mind that this is an improvement: 95% of patients currently receive lipid-lowering therapy and 45% receive high-intensity lipid-lowering therapy; not too long ago, in 2006, 31% received no statins and only 10% received high-intensity therapy.[2] It is true that there is a lack of awareness among professionals regarding the appropriate measures to avoid clinical inertia, but it is equally true that with a purely statin-based treatment, such ambitious targets are unlikely to be met. It is known that LDL-cholesterol is significantly reduced when treatment with statins is started (up to 50% if started directly on a high-intensity statin), but dose increases cause only small percentage decreases (7% to 9% when the dose is doubled); when ezetimibe is added, this can be up to 20%.[3] Therefore, if high LDL values in patients on treatment are used as a means of evaluation, the target values will never be met. Renilla et al. also raised the point of the variable response to lipid-lowering therapy; regarding this, one of the most notable aspects of the REPAR study at one-year follow-up (data as yet unpublished) is that some of the patients that were initially well-controlled (LDL-cholesterol < 70 mg/dL) at the start of the study were no longer well-controlled at follow-up, despite unchanged lipid-lowering therapy.

Renilla et al. highlight the opportunity presented by the incorporation of PCSK9 inhibitors to the therapeutic arsenal. However, these drugs come with several limitations, as initial government guidelines[4] indicate that these will be funded only for patients already on maximum treatment doses and with LDL-cholesterol levels > 100 mg/dL. This leaves a group of patients with LDL-cholesterol between 70 mg/dL and 100 mg/dL, which contains most of the patients who are already on treatment but are not well controlled, in a limbo with no therapeutic solution.

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