

REFERENCES

- Galve E, Cordero A, Cequier A, Ruiz E, González-Juanatey JR. Grado de control lipídico en pacientes coronarios y medidas adoptadas por los médicos. Estudio REPAR. Rev Esp Cardiol. 2016 [Epub ahead of print]. Available at: <http://dx.doi.org/10.1016/j.recesp.2016.02.013>
- Piepoli M, Hoes A, Agewall S, Albus C, Brotons C, Catapano A, et al. 2016 European Guidelines on cardiovascular disease prevention in clinical practice. Eur Heart J. 2016 [Epub ahead of print]. Available at: <http://dx.doi.org/10.1093/eurheartj/ehw106>
- González-Juanatey JR, Millán J, Alegría E, Guijarro C, Lozano JV, Vitale GC. Prevalencia y características de la dislipemia en pacientes en prevención primaria y secundaria tratados con estatinas en España. Estudio DYSIS-España. Rev Esp Cardiol. 2011;64:286–94.
- Kotseva K, Wood D, De Bacquer D, De Backer G, Rydén L, Jennings C, et al. EUROASPIRE IV: A European Society of Cardiology survey on the lifestyle, risk factor and therapeutic management of coronary patients from 24 European countries. Eur J Prev Cardiol. 2016;23:636–48.
- Baigent C, Blackwell L, Emberson J, Holland LE, Reith C, Bhalra N, et al. Efficacy and safety of more intensive lowering of LDL cholesterol: a meta-analysis of data from 170,000 participants in 26 randomised trials. Lancet. 2010;376:1670–81.
- Ridker PM, Mora S, Rose L; JUPITER Trial Study Group. Percent reduction in LDL cholesterol following high-intensity statin therapy: potential implications for guidelines and for the prescription of emerging lipid-lowering agents. Eur Heart J. 2016;37:1373–9.
- López-Sendón J, González-Juanatey JR, Pinto F, Cuenca J, Badimon L, Dalmau R, et al. Indicadores de calidad en cardiología. Principales indicadores para medir la calidad de los resultados (indicadores de resultados) y parámetros de calidad relacionados con mejores resultados en la práctica clínica (indicadores de práctica asistencial). INCARDIO (Indicadores de Calidad en Unidades Asistenciales del Área del Corazón): Declaración de posicionamiento de consenso de SEC/SECTCV. Rev Esp Cardiol. 2015;68:976–1005.
- Robinson JG, Farnier M, Krempf M, Bergeron J, Luc G, Averna M, et al. Efficacy and safety of alirocumab in reducing lipids and cardiovascular events. N Engl J Med. 2015;372:1489–99.

SEE RELATED ARTICLES:

<http://dx.doi.org/10.1016/j.rec.2016.07.003><http://dx.doi.org/10.1016/j.rec.2016.02.012><http://dx.doi.org/10.1016/j.rec.2016.06.003>

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 guidelines⁴ 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.

Enrique Galve,^{a,*} Alberto Cordero,^b Ángel Cequier,^c and José Ramón González-Juanatey^d

^aServicio de Cardiología, Hospital General Universitario Vall d'Hebron, Barcelona, Spain

^bDepartamento de Cardiología, Hospital de San Juan, San Juan de Alicante, Alicante, Spain

^cServicio de Cardiología, Hospital Universitario de Bellvitge, L'Hospitalet de Llobregat, Barcelona, Spain

^dDepartamento de Cardiología, Complejo Hospitalario Universitario, Santiago de Compostela, A Coruña, Spain

* Corresponding author:

E-mail address: egalve@vhebron.net (E. Galve).

Available online 9 September 2016

REFERENCES

- Galve E, Cordero A, Cequier A, Ruiz E, González-Juanatey JR. Grado de control lipídico en pacientes coronarios y medidas adoptadas por los médicos. Estudio REPAR. Rev Esp Cardiol. 2016 [Epub ahead of print]. Available at: <http://dx.doi.org/10.1016/j.recesp.2016.02.013>
- Cordero A, Galve E, Bertomeu-Martínez V, Bueno H, Fácila L, Alegría E, et al. Tendencias en factores de riesgo y tratamientos de pacientes con cardiopatía isquémica estable atendidos en consultas de cardiología entre 2006 y 2014. Rev Esp Cardiol. 2016;69:401–7.
- Bays HE, Averna M, Majul C, Muller-Wieland D, De Pellegrin A, Gizek H, et al. Efficacy and safety of ezetimibe added to atorvastatin versus atorvastatin uptitration or switching to rosuvastatin in patients with primary hypercholesterolemia. Am J Cardiol. 2013;112:1885–95.
- Informe de posicionamiento terapéutico de evolocumab (Repatha®) en hipercolesterolemia. Madrid: Ministerio de Sanidad; 2016 [accessed 27 Jun 2016]. Available at: <http://www.aemps.gob.es/medicamentosUsoHumano/informesPublicos/docs/IPT-evolocumab-repatha.pdf>

SEE RELATED ARTICLE:

<http://dx.doi.org/10.1016/j.rec.2016.06.003><http://dx.doi.org/10.1016/j.rec.2016.07.003>