

# Role of Statins + Ezetimibe

## Key Takeaways

- Despite their recognized efficacy and safety, less than half of Canadians with ASCVD achieve guidelines recommended LDL-C with statin therapy alone
- Ezetimibe is a guidelines-recommended adjunctive strategy for patients with ASCVD whose LDL-C remain at 1.8 mmol/L or higher despite maximally tolerated statin therapy
- The addition of ezetimibe has not shown a higher incidence of treatment-related side effects or serious adverse events compared to statin therapy alone

Statins are the cornerstone of dyslipidemia management but are often not sufficient for effective and sustained LDL-C reduction in most patients. **For optimal lipid-lowering, the majority of patients with ASCVD need more than statin therapy alone.**

## Statins

### Benefits

Meta-analysis of statin studies demonstrated:

- A significant reduction of about **20-25%** in major adverse cardiac events for every 1 mmol/L reduction in LDL-C with statin therapy
- A statistically significant **10%** reduction in all-cause mortality

### Unmet Need

Despite their recognized efficacy and safety, less than half of Canadians with ASCVD achieve sufficient LDL-C lowering with statin therapy alone. Reasons to explain this include:

- Wide heterogeneity in responses and tolerance to statin therapy
- Poor adherence to statin therapy
- Statin discontinuation rates are **over 50% at 1 year** and patients often discontinue statins because of perceived\* side effects

\*In one study, patients reported the same intensity of side effect symptoms whether they were receiving a statin or a placebo.

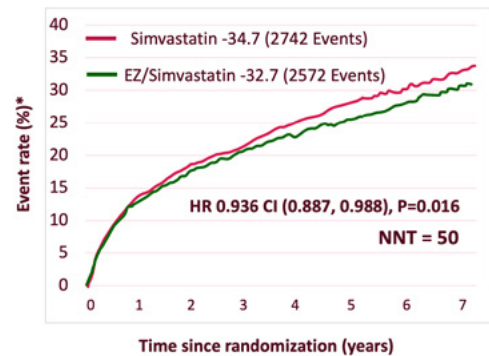
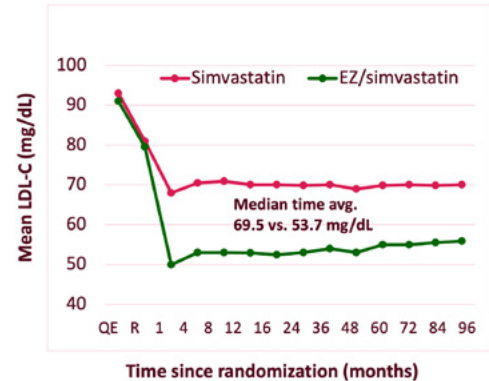
## Ezetimibe

### Benefits

- Ezetimibe is a cholesterol absorption inhibitor that has been shown to lower LDL-C by **12-19%** when added to statin therapy with an absolute risk reduction of **2%** in CV events
- Ezetimibe is a guidelines-recommended adjunctive strategy for patients with ASCVD whose LDL-C remains 1.8 mmol/L or higher despite maximally tolerated statin therapy.
- The addition of ezetimibe to statin therapy is not associated with a higher incidence of treatment-related side effects or serious adverse events compared to statin therapy alone.

IMPROVE-IT: CV Outcomes data with ezetimibe + statin reinforces LDL-C hypothesis

18,144 ACS patients randomized to simvastatin alone or ezetimibe/simvastatin, median follow-up 6 years



Ezetimibe resulted in incremental lowering of LDL-C levels and improved CV outcomes

CI, confidence interval; EZ, ezetimibe; HDL-C, high-density lipoprotein cholesterol; HR, hazard ratio; LDL, low-density lipoprotein; LDL-C, low-density lipoprotein; NNT, number needed to treat. Cannon CP et al. N Engl J Med. 2015;372(25):2387-2397. Danaf JA et al. The Lower the LDL-C, the Better (Even for Total Cardiovascular Events) Acc.org. <https://www.acc.org/>.

Statins alone are often not enough to reduce LDL-C and the risk of CV events. **Combining statins and ezetimibe is therefore a guidelines-recommended strategy for patients with ASCVD whose LDL-C remains 1.8 mmol/L or higher despite maximally tolerated statin therapy.**



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