

AIM-LO: Engaging With Your Patients about Selection of Injectable Therapies for LDL-C Reduction

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Introduction

Today, I want to discuss how we can effectively engage our patients in selecting an injectable drug for LDL-C reduction in secondary prevention of Atherosclerotic CVD. As you know, choosing the right therapy is crucial for optimizing patient outcomes.

Let's start by reviewing the treatment regimens. Currently, we have two main options: small interfering RNA therapy and monoclonal antibodies. In terms of efficacy, both options demonstrate significant LDL-C reduction, and both have their own advantages, depending on individual patient needs and preferences.

By engaging your patient with Atherosclerotic CVD in the decision-making process for selecting a treatment option to manage their dyslipidemia, you can increase their adherence, which is the elephant in the room, their sense of satisfaction in their care, and ultimately we can improve their health outcomes.

Monoclonal antibodies are self-administered, typically once every two weeks or once a month, and inclisiran, a small interfering RNA, is administered by a healthcare professional every 6 months (with the exception of the first year of treatment, where the patient must receive 3 doses).

Discussing the benefits of inclisiran with your patients

Certain patients may benefit more from the small interfering RNA therapy. For example, patients with needle phobia or those who are frail and require assistance with injections may find the administration by a healthcare professional and less frequent dosing of the siRNA therapy more manageable. Patients who travel frequently and have busy schedules or who spend part of the year out of the country would also find the twice-a-year regimen more convenient.

Consider a patient who struggles with adherence due to a demanding daily medication routine. Inclisiran may be a great choice for them. By reducing the frequency of injections to just twice a year, we can improve compliance and help achieve long-term LDL-C reduction.

Let's look at a patient who experienced siRNA therapy. John, a 52-year-old with familial hypercholesterolemia, has found the twice-a-year regimen of inclisiran to be a game-changer in managing his LDL-Cholesterol levels. His quality of life has improved, and he feels more confident in adherence to his treatment. The injection by a healthcare professional can also be

timed to his routine visits to his cardiologist or family care provider, or it can be done at his local pharmacy.

Discussing the benefits of PCSK9i mAbs with your patients

Now, let's consider patients who may prefer or benefit more from monoclonal antibodies. These therapies, evolocumab or alirocumab, are administered more frequently, once every two weeks or once a month.

For patients who value the predictability of a more frequent dosing schedule, monoclonal antibodies may be a better fit. Some patients may find comfort in a regular treatment routine that aligns with their weekly or monthly schedules, ensuring a consistent approach to LDL-cholesterol reduction.

Let's look at Sarah, a 61-year-old professional. She prefers self-injecting every two weeks, as it allows her to feel like she's an active participant in her treatment and she doesn't mind needles. For patients like Sarah, monoclonal antibodies offer a good solution.

Considering patient access

The other factor to take into consideration is access. Make sure you are equipped with the following information before discussing treatment options with your patients:

Firstly, what are public reimbursement criteria in your province for the different treatments

Secondly, it's important to find out whether your patient has private insurance

Thirdly, what are the different patient support programs available to facilitate access to a drug

Conclusion

By engaging in open conversations and dialogue with our patients about their preferences, their lifestyles, and their concerns, we can collaborate on selecting the most suitable injectable therapy for LDL-Cholesterol reduction.

It's essential to consider individual patient preferences and clinical needs when selecting an injectable therapy, or any therapy for that matter.

By actively involving our patients in the decision-making process and discussing the advantages of each approach, we can ensure personalized care and improved treatment outcomes.