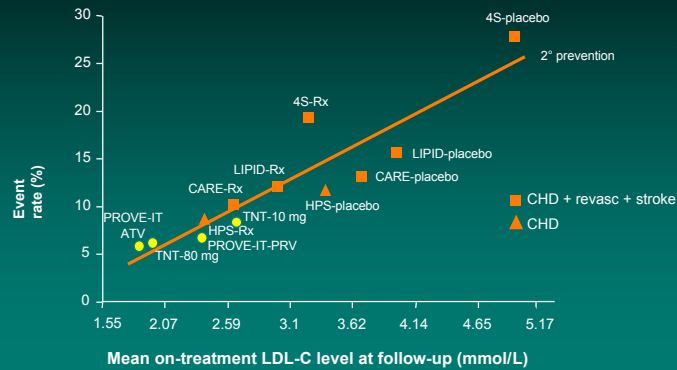


LOWER IS BETTER in Secondary Prevention



Rx-treatment
Adapted from Ballantyne CM. Am J Cardiol 1998;82:3Q-12Q.

Cholesterol-Lowering Therapy in Secondary Prevention: Reduction in Coronary events

- ❖ POSCH Study (ileal bypass) -24%
- ❖ CARE -24%
- ❖ Scandinavian Study (4S) -34%
- ❖ Portfolio diet: ongoing trial to examine lowering cholesterol to prevent vascular disease

Canadian Lipid Guidelines

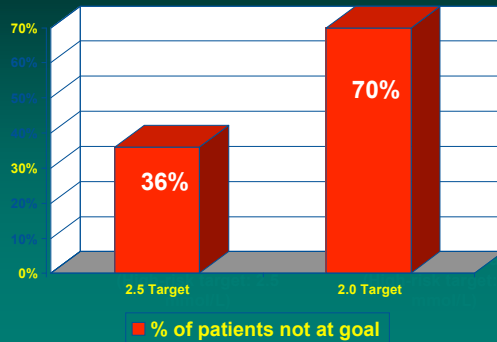
		Targets	
	Risk level	LDL-C	Chol / HDL-C
High	≥20% (CAD, PVD, CVD) Diabetes	<2.0	4.0
		Class I, Level A	Class IIa, Level C
Mod	10-19%	<3.5	5.0
		Class IIb, Level C	Class IIb, Level C
Low	<10%	<5.0	6.0
		Class IIb, Level C	Class IIb, Level C

Canadian Guidelines: 2006

- ❖ High risk targets: LDL < 2, TC/HDL < 4, apo B 0.85
- ❖ Low risk patients: no drug therapy unless LDL > 5, ratio >6
- ❖ Modifiers: genetic risk (x2), hsCRP > 2
- ❖ Metabolic syndrome?
- ❖ Diabetes: DM + risk factor = high risk
DM only = moderate risk
- ❖ Evidence based/multiple reviewers

Treatment Gap

CALIPSO Findings: Results based on Anticipated Lipid Treatment Guidelines

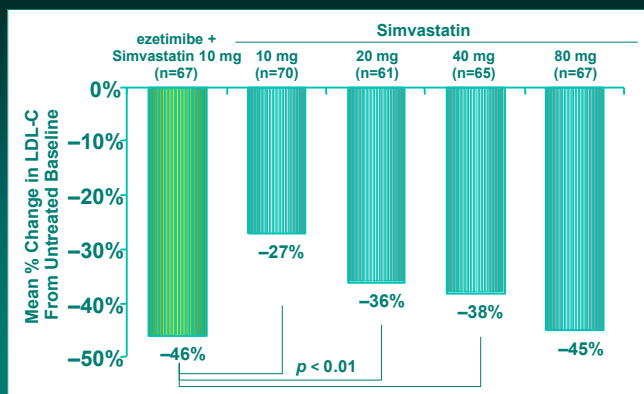


Bourgault C, et al. Can J Cardiol 2005

Combining a Statin with Ezetimibe

Cholesterol levels are determined by cholesterol synthesis in the liver (endogenous pathway) and dietary cholesterol (exogenous pathway)

Ezetimibe + Simvastatin 10 mg: Significantly Greater LDL-C Reductions Than Simvastatin Alone (all doses)



Davidson MH, et al. J Am Coll Cardiol 2002; 40(12):2125-34.