ST. MICHAEL'S
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Questions & Answers with Dr. Anatoly Langer

When the art of medicine is in the way of the practice of medicine

(note: MACE = major adverse cardiovascular outcomes)

1. this again brings up whether the guideline of adding ezitimibe is valid or based on "surrogate" marker of LDL

   Answer: The addition of ezetimibe is, in fact, evidence based with the results of IMPROVE-IT clinical trial which showed additional 20% reduction in LDL-C and modest but statistically significant reduction in MACE.

2. Is there any role for Ezetrol treatment ALONE , in a statin intolerant high-risk CV patient?

   Answer: Ezetimebe is indicated as a first line therapy in patients intolerant of statin therapy.

3. Dr. Langer what was the difference between primary care physcian and specialist performance in ldl level achievement

   Answer: we did not get a significant difference, however, more detailed results will be upcoming in our next manuscript.

4. Family doctors get some different info, for example from Therapeutic initiatives at UBC, where the information is less Pharma-influenced and often disagrees with the targets that are published in guidelines. Because we mostly go to conferences run by specialists and funded by pharma I think some of us ARE actually using our heads, not lack of knowledge!

   Answer: Interesting point. The facts of efficacy and safety of guidelines recommended therapies are just that: facts published in peer review journals. It is those facts that should determine your practice not whether they were presented or made available to you by pharma or in any other way. When guidelines have determined the best care, your decision to not follow them has been shown to result in worse outcome for your patients.

5. Is there any difference in care gaps between academic and community physicians

   Answer: Fantastic question and the answer is: no difference.

6. Why do you think so many patients refuse the addition of ezetimibe?

   Answer: An excellent question that is not easily answered. Lipid lowering appears to cause fatigue not only for physicians but also for their patients. Physicians prescribe aspirin without thinking twice because it is simple yet not nearly as effective or safe as statins are. Most physicians prescribe statin just as easily but almost always at the lowest available dose. Then there is a loss of interest to uptitrate and add other therapies.

7. Who should take responsibility for reaching target family md or specialist

   Answer: best care is just that and thus should be aspired to by any physician involved in lowering MACE in their patients.

8. One reason for not adhering to guidelines may be the burden of polypharmacy on our patients. A hypertensive diabetic may already be on 12 drugs-adding 2 or 3 more is always challenging

   Answer: This is a very good point as to why best practice is challenging, however, it is not a reason for not following best practice as spelled out by guidelines.

9. Does ezetrol mono therapy have any data suggesting outcome improvement other than improving ldl level

   Answer: Ezetimibe has not been tested for MACE reduction without statin. Canadian indication is on top of statin or monotherapy if patient is statin intolerant.

10. any suggestions on managing sleep disturbance secondary to statins?

    Answer: I am not aware of this "side effect" as being directly related to statin therapy.

11. Dr Langer - Can you please share your approach to statin intolerant patient.

    Answer: This is an excellent question and there are excellent discussions that are available (please search John Mancini on this). The key is to recognize that myalgia secondary to statins does not start in the first two weeks and thus patient encouragement is critical. Similarly, when taking the patient off statin to see the relationship to myalgia, it never disappears the next day or two but rather takes at least a few weeks.

12. How easy is it to get PCSK9 for an in hospital pt in hospital

    Answer: It probably depends on the formulary but I am not aware of any difficulties.

13. Is the PCSK9i medication in addition to the statin and ezetimide or replaces these 2 medications.

    Answer: Once statin therapy is optimal, I recommend calculating how far the patients LDL-C is from the desired level. If 25% or less, ezetimibe should be tried. If above then I recommend PCSK9i. In some provinces ezetimibe treatment on top of statin is a requirement for PCSK9i coverage.