
New Guidelines For Using Nonstatin Cholesterol-Lowering Drugs



The American College of Cardiology (ACC) has released an "Expert Consensus Decision Pathway" document on the role of nonstatin therapies for low-density lipoprotein (LDL) cholesterol lowering in the management of cardiovascular disease risk. The document is published in the *Journal of the American College of Cardiology*.

Donald M. Lloyd-Jones, MD, Northwestern University Clinical and Translational Sciences Institute, Chicago, Illinois, the Chair of the writing committee explains that the ACC updates cholesterol guidelines back in 2013 but since then new data from clinical trials has been gathered for at least three new cholesterol lowering medications. This new document is thus issued to advise on the use of these new nonstatin medications.

Three major datasets that are discussed include:

- HPS THRIVE: showing no additional benefit and possible harm of adding niacin on top of statins.
- IMPROVE-IT: showing modest benefit and safety of ezetimibe on top of statins.
- PCSK9 monoclonal antibodies: short-term outcomes data in patients at very high risk.

Dr Jones said, "We have produced 7 different algorithms for patients with cardiovascular disease or comorbidities: high-risk patients more likely to consider expensive new drugs."

The authors explain that the new guidelines endorse the four statin benefit groups that have previously been identified in the 2013 guidelines. These guidelines assume that the patient is already on a statin or has previously used a statin as initial therapy.

The purpose of these new guidelines is to offer advise to clinicians with respect to the use of nonstatin therapies to reduce atherosclerotic cardiovascular disease risk in patients and situations that were not covered by the previous guidelines. The new document recommends a lower threshold for use of PCSK9 drugs and also includes recommendations for diabetics and high-risk patients who do not suffer from cardiovascular disease.

"In all these groups who are at high risk, we recommend that if LDL has not been reduced by 50% with lifestyle and statins then other drugs can be considered."

Source: JACC

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