



LIPID-LOWERING THERAPY FOR ACUTE CORONARY SYNDROME

EMBARGOED UNTIL 12:01am Monday 28 March 2022

ALMOST half of people admitted to hospital with acute coronary syndrome (ACS) did not achieve recommended blood lipid levels within 12 months of discharge, prompting a call for more intensive therapy and combinations of medications, including novel agents.

Research led by Dr Noor Alsadat, a Basic Physician Trainee at Liverpool Hospital in Sydney, and published today in the *Medical Journal of Australia*, analysed data from adults who had experienced confirmed ACS of cardiovascular origin, for whom serum lipid levels had been assessed on admission and 6 or 12 months after discharge.

Of the 2671 eligible participants for whom data was available 45% "had not achieved lipid targets at their most recent follow-up, including 876 who had been prescribed intensive lipid-lowering therapy at discharge", Alsadat and colleagues reported.

"People under 65 years of age, those using lipid-lowering therapy or with higher cholesterol levels on admission, patients prescribed fewer than four evidence-based therapies or not prescribed intensive lipid-lowering therapy on discharge, and women, were more likely to not reach lipid level targets.

"An earlier analysis of found that 45% of people who had been hospitalised with ACS were not using intensive lipid-lowering therapy six or 12 months after discharge.

"Our new analysis extends this finding by quantifying the impact of undertreatment on lipid levels: at follow-up, 40% of patients not achieving lipid target remained on high intensive lipid-lowering therapy; 15% of people who had not achieved target levels were using moderate or low dose statin therapy and 15% were on no lipid-lowering therapy at all.

"This suggests that outcomes could be improved by increasing the use of evidence-based therapy," Alsadat and colleagues wrote.

"Prescribing discharged patients fewer than four evidence-based therapies for ACS was associated with greater likelihood of not achieving lipid goals, suggesting a broader association between failure to provide evidence-based care and inadequate treatment with lipid-lowering therapies, as also documented in other studies."

The authors concluded that "optimising lipid levels in people at high risk of recurrent ACS could be achieved by dose escalation, combination therapies, and the adoption of newer lipid-lowering agents".

All MJA media releases are open access and can be found at: <https://www.mja.com.au/journal/media>

Please remember to credit *The MJA*.

The *Medical Journal of Australia* is a publication of the Australian Medical Association.

The statements or opinions that are expressed in the MJA reflect the views of the authors and do not represent the official policy of the AMA or the MJA unless that is so stated.

CONTACTS:

Professor David Brieger
Consultant Cardiologist
Head of the Coronary Intervention Unit
Concord Repatriation General Hospital
Professor of Medicine, University of Sydney
Email: David.brieger@health.nsw.gov.au