
J. FERNÁNDEZ-BRAVO RODRIGO1, A. FLOR GARCIA1, A. PORTELA SOTEO1, P. HERNANDO MARTINEZ1, I. MARTÍN NIÑO1, D. BARREDA HERNANDEZ1
1HOSPITAL VIRGEN DE LA LUZ, PHARMACY, CUENCA, SPAIN

BACKGROUND AND IMPORTANCE

Hyperlipidaemia is the main risk factor for atherosclerosis developing cardiovascular disease

In the last years, the clinical benefit of PCSK9 inhibitor (PCSK9i) had reduce LDL-c to unprecedentedly low levels.

The new guidelines for the management of dyslipidaemias of the European Society of Cardiology (ESC) and European Atherosclerosis Society (EAS) (August 2019) established:

New therapeutical goal LDL-c <55mg/dL Very high risk patients

AIM AND OBJECTIVES

To evaluate the tendency of PCKS9i prescription carried out in a second-level hospital, before and after the publication of the new guidelines.

MATERIALS AND METHODS

Retrospective study.

All PCSK9i initial dispensation

1 April-2016 and August-2019 (pre new-guidelines period: Pre)

2 September-2019 and September-2021 (post new-guidelines period: Post)

Data were collected from clinical history (Mambrino©) and pharmaceutical administrative program (Farmatools©).

Variable collected: age and gender, initial date of PCSK9i treatment, pre-starts LDL-c (mg/dL) levels.

Data analysis: Stata V.16.0. A box-plot diagram was performed to determine outliers. Shapiro-Wilk W and variance ratio test were conducted to verify a parametric approach. Two-sample t test with equal variance was used to compare Pre and Post previous to treat LDL-C levels.

RESULTS

Analysis variable: previous to treat LDL-c levels

93 patients

PRE: 48 patients POST: 45 patients

1 outlier Box-plot diagram analysis 1 outlier

PRE: 47 patients POST: 44 patients

60.7 AVERAGE AGE (years) 61.1

74.5 MALE (%) 72.1

No significant differences were found for the demographic variables

LDL-c variable had a normal distribution and existed homogeneous variance

PRE: 132.03 (95%CI: 123.22-140.85) mg/dL

POST: 113.3182 (95%CI: 101.54-125.10) mg/dL

Mean difference: (18.72mg/dL, p<0.01)

CONCLUSION AND RELEVANCE

Clinical approaching in cardiovascular high-risk patients is changing.

These results could confirm the tendency of treat patient with lower LDL-c levels than before, with more aggressive therapeutical goals.

Could be conclude that the expression “the lower the better” is a goal in the physicians.

It seems the two population (Pre-Post) in our work are homogenous.

Limitations: differences between pathology or current clinical situation (intolerance/failure to maximum doses of statins) had not made.

Correspondence: Jaime Fernández-Bravo Rodrigo jaimefernandezbravorodrigo@gmail.com