

The effectiveness and safety of cholesterol dual inhibition in acute myocardial infarction.

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Background and objectives : Statin (HMGCoA reductase inhibitor) have been used the first choice for cholesterol reduction in cardiovascular disease patients. Recently, the intestinal selective cholesterol inhibitor, ezetimibe, was introduced in clinical field. Dual cholesterol inhibition, ie statin and ezetimibe dual therapy is very effective total cholesterol (TC) and LDL-cholesterol (LDL-C) reduction. But, upto now there is few data of effectiveness and safety profile of cholesterol dual inhibition of ezetimibe addition on the base of statin. We analyzed retrospectively the cholesterol and safety profile of dual cholesterol inhibition in acute myocardial infarction patients. **Method** : This analysis was performed retrospectively. After the successful coronary revascularization in acute myocardial infarction, newly detected dyslipidemia 73 patients (LDL-C > 100 mg/dL) was enrolled for this study. Dual inhibition group (Group A, mainly 20 mg simvastatin or 10 mg atorvastatin with ezetimibe 10 mg) was composed with 15 patients and other 58 patients was initiated with mainly 20 mg simvastatin or 10 mg atorvastatin single therapy (Group B). 1, 2, 3 and 6 months lipid profile and safety profiles were analyzed. **Results** : Between dual inhibition and single therapy group, BMI, prevalence of hypertension, diabetes, smoker were comparable. Even though TC (212.4 ± 26.5 vs 199.5 ± 38.1 mg/dL) and LDL-C (145.3 ± 21.5 vs 133.3 ± 29.8 mg/dL) was higher in group A, 1 month later, TC reduction percent was higher in Group A (27.4% vs 17.1%, $p < 0.03$). TC (153.4 vs 166.2 mg/dL) and LDL-C (95.4 vs 98.4 mg/dL) was comparable in both group. 16% (9/58 patients) of group B patients were converted to dual inhibition therapy due to failure of 100 mg/dL LDL-C achievement. Only 1 patient in each group showed AST/ALT elevation (upto 2 times of UNL) and no myopathic event observed. **Conclusion** : Even though higher baseline TC, LDL-C level, dual cholesterol inhibition showed effective TC and LDL-C control and comparable safety profiles compare to single statin therapy in myocardial infarction with hyperlipidemic patients.

Discontinuation of statin therapy and the follow-up lipoprotein profile pattern

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Objective : This study was designed to assess the characteristics and lipoprotein profile changes of patients, who have discontinued statin therapy. **Methods** : Total 72 (male 43%) patients were enrolled. Data of body mass indexes (BMIs), coexistence of diabetes mellitus (DM), hypertension (HTN), coronary artery disease (CAD) and cerebrovascular accident (CVA) were obtained from the charts. Laboratory data of lipoprotein levels were obtained from computer-based chart reviews. **Results** : Average age was 63.3 years. The prevalence of diabetes mellitus was 28%, hypertension was 72% and coronary artery disease was 42%. Average fasting lipoprotein levels before ceasing statin were: total cholesterol (TC) = 164.3 mg/dL, triglycerides (TG) = 172.3 mg/dL, high-density lipoprotein cholesterol (HDL-C) = 56 mg/dL and low-density lipoprotein cholesterol (LDL-C) = 94.9 mg/dL. The fasting lipoprotein levels after 2 to 3 months from ceasing statin therapy were: TC = 147.3 mg/dL, TG = 139.4 mg/dL, HDL-C = 26.5 mg/dL and LDL-C = 126.2 mg/dL. And 4 to 6 months after ceasing statin, the levels were: TC = 157.3 mg/dL, TG = 138.8 mg/dL, HDL-C = 26.7 mg/dL and LDL-C = 134.6 mg/dL. 75% of patients showed their HDL-C level lower than 40mg/dL(45mg/dL for female) after 2 to 3 months of discontinuation and 84% of patients showed low HDL-C level after 4 to 6 months of discontinuation. **Conclusion** : After statin therapy was stopped, it's not very long time needed the patients' TC and LDL-C level elevation and/or HDL-C level decrease.