HELP YOUR PATIENTS REDUCE THEIR RISK OF FUTURE CARDIOVASCULAR EVENTS
**LDL-C: ONE OF THE MOST CRITICAL FACTORS IN REDUCING CV RISK**

While certain cardiovascular disease (CVD) risk factors such as a family history of disease or age cannot be changed, **high LDL-C is one of the most important and impactful modifiable risk factors**.\(^1\) It is important you ensure your patients understand this.

A linear relationship was demonstrated between LDL-C reduction and CV event reduction in risk over 25 years of studies.\(^2,3\)

Systematic reviews and large trials have found that lowering cholesterol in people at high risk of coronary events substantially reduces the incidence of major coronary and vascular events.\(^2\)

**Lowering LDL-C = Lower CVD risk\(^3,4\)**

CTTC meta-analysis linking that a 1mmol/L reduction in LDL-C amounts to just over 20% reduction in CV events.\(^2\)
CARDIOVASCULAR DISEASE: A GROWING HEALTH CONCERN

CVD is a growing health concern, and the prevalence is expected to rise, in part, due to the aging global population.⁶

Your patient does not want another myocardial infarction (MI) or stroke. Neither do you.

CVDs ARE THE NUMBER ONE CAUSE OF DEATH GLOBALLY.⁷ OVER

30 million Mls AND STROKES OCCUR EVERY YEAR⁸

NEARLY 1 in 3 WILL HAVE A SUBSEQUENT CARDIOVASCULAR EVENT.⁸
Your patient is still at high risk if high LDL-C is not addressed, despite statins and other traditional lipid lowering therapies.

The introduction of statins resulted in significant progress in cardiovascular care. However, even when taking high-intensity statins, many patients remain at risk of another major CV event.\textsuperscript{9,10}

The growing unmet needs in treating hyperlipidaemic patients include the reduction of the patients’ risks for CVD and the consequent reduction of the occurrence of CV events, \textit{confirming the necessity of intensifying lipid-modifying management.}\textsuperscript{11}

\section*{Statins alone are not enough for everyone\textsuperscript{9}}

>70\%\hspace{0.5cm}D\textsc{o}\hspace{0.05cm}N\textsc{ot}\hspace{0.05cm}A\textsc{ch}i\textsc{eve}\hspace{0.5cm}<70\text{mg/dL}

of very high-risk patients\textsuperscript{13}

the optimal LDL-C goal\textsuperscript{13}

Residual risk remains even in those receiving treatment with high-intensity statins. The lowest achieved LDL levels translate to the lowest CV risk.\textsuperscript{4,9}
Suboptimal hyperlipidaemia management is evidenced worldwide by: the failure of large numbers of patients to achieve LDL-C targets and the failure of patients in high-risk or very-high risk categories to attain LDL-C goals.\textsuperscript{12}

Reasons for poor attainment of treatment goals can include:\textsuperscript{12}

- A lack of follow-up after initiation of treatment
- Inadequate dosing
- Not switching to a more potent drug when necessary
Lowering LDL-C addresses the risk for a second MI or stroke—and helps ease your patient’s fear of another event.

Through suggested lifestyle changes and appropriate medications, you and your nursing staff are the key to addressing the risk of a future MI or stroke with your patient.
YOU ARE A TRusted RESOURCE.
HELP PATIENTS LOWER LDL-C WITH
THE RIGHT THERAPIES.

LDL-C can be further reduced. Your patients don’t want an emergency. If they’re at high risk for another CV event, talk to them about adding additional treatments to their statin therapy.

A substantial percentage of patients do not achieve target LDL-C despite maximal statin therapy.\(^\text{11}\)

When it comes to LDL-C, the lower the better. Some high-risk patients need more than a statin or other traditional lipid-lowering therapy.\(^\text{9}\)

Innovative therapies can help to further reduce LDL-C and reduce patients’ risk of MI or stroke.\(^\text{9,14}\)

Help lower their LDL-C by prescribing them the right therapies. Your patients rely on you to tell them about treatments to improve their health and address their concerns about elevated LDL-C.
Referencias


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