



Acute and Stable Ischemic Heart Disease

EARLY COMBINATION THERAPY WITH SIMVASTATIN AND FENOFIBRATE IN PATIENTS WITH RECENT ACUTE CORONARY SYNDROME AND DIABETES IS SAFE AND RELIABLY REDUCES LIPOPROTEIN (A) LEVEL ALONG WITH OTHER LIPID INDEXES

Poster Contributions
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Background: It is known that residual risk remains high in diabetes(D) despite LDL goals, and dislipoproteinemia has independent impact on first ACS development. But treatment in ACS is restricted to only the LDL goal achievement. Lipoprotein(a) (Lp(a)) is closely and independently connected with vascular and valvular calcification in atherosclerosis, and statin treatment could even increase its level. We investigated the efficacy and safety of early combined therapy with simvastatin(S) + fenofibrate(F) vs S alone in D patients with recent ACS during one year of follow up.

Methods: 60 patients, 63,9 ± 8,4, male - 36(60%), randomly assigned at 7 days after index ACS to S 40mg once daily(od) or S 40mg + F 145mg od. All lipid and safety indexes(ALT, AST, CPK, GF rate) were checked at randomisation, 3 month and 1 year. Data were expressed as median (interquartile range, IQR).

Results: In S+F group non HDLC progressively decreased from 3,35(2,85-4,03) to 3,0 (2,67-4,0) in 3 months and 2,88(2,41-3,38) mmol/l in a year(p=0,042), and from 3,64(2,95-4,72) to 3,01(2,47-3,65) and 3,46(2,87-4,44) mmol/l in S group(p=0,047 with S+F). TG level in S+F group dropped from 2,46(2,09-3,45) to 1,40(0,94-2,21) and 1,26(1,0-1,79) mmol/l, and from 2,52(2,1-3,14) to 1,84(1,5-2,38) and 1,79(1,63-3,17) mmol/l in S group(p=0,007 with S+F). Combined therapy with S+F had reliably more pronounced effect on apolipoprotein spectrum. ApoB/ApoA1 ratio in S+F group decreased from 0,75(0,59-0,91) to 0,57(0,51-0,74) in 1 year, and from 0,76(0,64-0,9) to 0,74(0,56-0,87) in S group(p=0,047 with S+F). Lp(a) levels in S+F group had completely different dynamics: from 18,0(7,0-72,0) to 11,8(2,0-69,0) nmol/l in comparison with S group: from 15,5(7,0-54,0) with increase in 1 year to 18,4(7,4-104,0) nmol/l. Complete normalisation of apoprotein spectrum increased to 50% in S+F group and decreased to 25% in S group. Any safety indexes did not differ between the groups and adverse events during treatment were not experienced.

Conclusion: Early combined therapy with S+F is both safe and reliably more effective in D patients with recent ACS both in lipid and apolipoproteins goals achievement, especially Lp(a), unlike statin therapy alone.