Prevalence of Lipid Abnormalities and Cholesterol Target Value Attainment in Patients with Stable and Acute Coronary Heart Disease in the United Arab Emirates

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Figures and Tables

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16. 2014; from 90,056 participants in 14 randomised trials of statins. Cardiovascular Risk Study (DISCOVERY) sponsor. University, which received grant funding for this project from Merck & Co., Inc., Kenilworth, NJ, USA. A V is currently employed by the University of Rhode Island. Wael Al Mahmeed (WAM) received Honoraria from Merck & Co., Inc., Kenilworth, NJ, USA for contributions to the DYSIS Study. Sherif Bakir (SB) did not receive financial support and sponsorship again preventing useful comparisons being made. However, this demonstrates poor monitoring of ACS patients after hospital discharge, which is a finding in itself. A cardiovascular outcome. Therefore, the true effect of this under-treatment cannot be demonstrated. The small number of events and rehospitalizations that occurred during the follow-up period prevents us from making comparisons between treatment patterns and 20% using combination therapy. For the ACS patients, however, use of such treatment was limited to just a few cases both at admission and at follow-up. This perhaps on the part of the physician to prescribe high doses. An ACS if treated with intensive rather than standard therapy. Type 2 diabetes mellitus is likely to play a significant role, with the presence of this condition being found to be predictive of target attainment. The lipid profile recommended target of <70 mg/dl, with 39.3% having attained this goal. While such target achievement is poor, it is higher than that reported for the very high-risk of our CHD patients displayed this, a value that is higher than the 78.1% found in DYSIS-Middle East and 66.6% in CEPHEUS-Arabian Gulf. Hyperlipidemia was found to be widespread in patients with stable CHD and those hospitalized for an ACS in the UAE. While LDL-C target achievement appeared to nonstatin agents was rare, with one patient (0.6%) taking a statin plus ezetimibe and six (3.7%) taking a statin plus other nonstatin. For the LLT-treated ACS patients, the mean LDL-C level was 94.0 ± 38.6 mg/dl, LDL-C < 70 mg/dl based on ESC/EAS guidelines. Results

RESULTS

Target attainment was assessed first by risk classification and then, in the subgroup of patients with LDL-C data at both admission and follow-up. The Chi-squared test or moderate risk, and low-risk patients defined as <70 mg/dl (1.8 mmol/l), <100 mg/dl (2.6 mmol/l), <115 mg/dl (3.0 mmol/l), and <130 mg/dl (3.4 mmol/l), respectively. Patient demographics, cardiovascular risk factors, comorbidities, and current LLT were documented at enrollment. These included age, gender, and body mass index (BMI); current smoking or a sedentary lifestyle; presence of type 2 diabetes mellitus or hypertension; a history of CHD, chronic renal failure (CRF), chronic kidney disease (CKD), and cardiovascular disease (CVD); and the number of medications prescribed. Documentation 3 months before enrollment. For the patients with stable CHD, data were collected at the baseline physician visit, and for the ACS patients, data were collected at admission and at follow-up. For the ACS patients, the mean LDL-C level was 94.0 ± 38.6 mg/dl, LDL-C < 70 mg/dl based on ESC/EAS guidelines. An analysis of the health status of the United Arab Emirates: The 'big 4' public health issues. J Am Coll Cardiol. 2014;64(14):909–14. Josan K, Majumdar SR, McAlister FA. The efficacy and safety of intensive statin therapy: A meta-analysis of randomized trials. J Mol Cell Cardiol. 2014;70:1495–504. Hammoudeh AJ, Echtay A, Ghanem GY, Haddad J. CEPHEUS-Levant survey investigators. Achieving low-density lipoprotein cholesterol treatment goals among patients with acute coronary syndrome in the Middle East: a cross-sectional survey. Ann Intern Med. 2014;160:182–9. Gitt AK, Lautsch D, Ferrieres J, Kastelein J, Drexel H, Horack M, et al. PCSK9 inhibitors for the treatment of elevated low-density lipoprotein cholesterol: an updated meta-analysis of clinical trial data for alirocumab. J Am Coll Cardiol. 2014;63(17):1547–57.