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Is statin lipid-lowering therapy sufficient for LDL-C goal attainment in very high cardiovascular risk Lithuanians?

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Introduction: Despite having the highest cardiovascular disease mortality in Europe, Central and Eastern Europe remains a relatively understudied region. Therefore, attention to secondary prevention management is crucial. This analysis describes dyslipidaemia management and achievement of the European Society of Cardiology (ESC)/ European Atherosclerosis Society (EAS) guidelines-recommended low-density lipoprotein cholesterol (LDL-C) goals in Lithuania.

Material and methods: This cross-sectional study included 478 patients after myocardial infarction (369 men (77.19%) and 109 women (22.8%), mean age: 58.6±9.95) examined in the Vilnius University Hospital Santaros Klinikos. Data was collected during a single visit between 2016 and 2022.

Results: Overall, 125 (26.15%) patients achieved risk-based LDL-C goals according to 2016 ESC/EAS guidelines, while only 29 (6.5 %) achieved the updated 2019 ESC/EAS goals. High-intensity LLT was the most prescribed regimen (79.7%; n= 381). 307 patients (64.22 %) received atorvastatin monotherapy and 58 patients (12.13%) rosuvastatin monotherapy. LDL-C goal attainment was higher in patients receiving high-intensity (80.8%; n=101) LLT compared to those receiving moderate-intensity LLT (19.2%; n=24) (p=5.694545e-12). However, there was no statistical significance between patients receiving rosuvastatin and atorvastatin (31%; n=18 and 24.8%; n=102, respectively)(p>0.05).

Conclusions: In Lithuania, only a quarter of patients achieved 2016 risk-based LDL-C goals, and the majority did not meet 2019 ESC/EAS goals. Therefore, there is a significant gap between the recommendations and the actual achievement of LDL-C goals in very high-risk patients, indicating the need for statin combination with non-statin LLT in most of these patients.