Real-world effectiveness of evolocumab and alirocumab at 12 months of treatment

Volker Chladil, 1 Thorsten Tietze, 1 Holger Kemmler, 1 Max H. Woller, 2 David Bouw, 3 Antonio Vassallo, 4 Helmut Wolf, 5 Cornelia Pfeffer

1 Universitätsklinikum Carl Gustav Carus, Klinik für Angiologie, Leipzig, Germany
2 Universitätsklinikum Carl Gustav Carus, Klinik für Pharmazie, Leipzig, Germany
3 Universitätsklinikum Carl Gustav Carus, Klinik für Medizinische Physik, Leipzig, Germany
4 Novo Nordisk A/S, Heart Failure and Cardiovascular Research, Bagsvaerd, Denmark
5 Novo Nordisk A/S, Clinical Development, Bagsvaerd, Denmark

Purpose The aim of this study was to evaluate the real-world effectiveness of evolocumab and alirocumab in patients with high-risk dyslipidaemia treated with these LDL-C lowering agents in a routine hospital setting.

Material and methods In this real-world, observational, non-interventional, prospective study, both drugs were administered by participating physicians to adult patients with high-risk dyslipidaemia (LDL-C ≥ 70 mg/dL and/or with a high risk of cardiovascular disease). Adherence of the patients was monitored by use of automatic reminders, and data were collected at baseline and after 12 months. The primary endpoint was the percentage of patients with LDL-C reduction ≥ 50% from baseline.

Results A total of 256 patients were included (evolocumab n = 127, alirocumab n = 129). The median duration of treatment was 11 months (IQR 6.5–15.3). The mean ± SD percentage reduction in LDL-C was 54.5 ± 31.1% for evolocumab and 54.1 ± 25.5% for alirocumab. In total, 160 patients (62.5%) had a ≥ 50% reduction in LDL-C.

Conclusion Evolocumab and alirocumab were equally effective in reducing LDL-C in a real-world setting with high adherence.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Statin overuse? evaluation of statin initiation for primary prevention during hospitalisation between two neighbouring countries in Europe in high-risk patients

O. Haiden, A. Anthon, B. Dripenka, N. Grönich, C. Haiden, M. Pette, A. Pointinger, M. Ravnikar, H. Schneider, T. Tomič, Sozialmedizinisches Zentrum Süd – KFF Spitalklinikum Wels-Grieskirchen, Hospital Pharmacy, Wels, Austria; UKC Maribor, Hospital Pharmacy, Maribor, Slovenia; UKC Ljubljana, Hospital Pharmacy, Ljubljana, Slovenia; Kpler Universitätsklinikum Linz, Hospital Pharmacy, Linz, Austria; SB Novo Mesto, Hospital Pharmacy, Novo Mesto, Slovenia

Purpose: To evaluate whether there is a difference in the treatment of patients with high risk between two neighbouring countries in Europe according to ESC/EAS guidelines.

Material and methods: A multi-site, international, cross-sectional study was conducted in three hospitals in Austria and three hospitals in Slovenia. All patients treated with PCSK9-I from April 2016 to June 2017 and followed up for 12 months of treatment were included. Data were collected at the beginning and after the first annual visit from medical records (Millennium-Cerner), and then were analysed by the IBM SPSS Statistics program. The variable of effectiveness analysed was the percentage of reduction in LDL-C.

Results: Thirty-eight patients were included, median age of 56 years (35–80), 53% women. In 19 (50.0%) cases, PCSK9-I were indicated for ASCVD, in 15 (39.5%) for FH and in four (10.5%) for both indications. 15 (39.5%) patients were treated with PCSK9-I from April 2016 to June 2017 and followed up for 12 months of treatment. The mean level of initial LDL-C was 180.5 ± 49.4 mg/dL. PCSK9-I were prescribed in combination with statins in 25 (65.8%) cases and ezetimibe at maximum tolerated doses in 7 (18.4%) cases and alirocumab in 11 (28.9%). Evolocumab was indicated in 27 (71.1%) cases and alirocumab in 11 (28.9%). The recommended target for LDL-C was 100 mg/dl for 14 patients and 70 mg/dl for 24. After 12 months, median 53 weeks (42–76), data were collected from 25 (65.8%) patients, in 11 cases (28.9%) the blood test was not done and two (5.3%) discontinued treatment. The mean LDL-C was 84.6 ± 43.8 mg/dl, with a relative percentage reduction of 50.8% ± 34.8%. There was no significant difference in effectiveness between evolocumab and alirocumab (55.2% vs 40.8%, p = 0.408). The therapeutic goal was achieved in 15 (60%) patients.

Conclusion: PCSK9-I showed similar LDL-C reductions to those described in clinical trials (50%–70%), although only 60% of patients achieved the recommended goal after 1 year of treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS


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