Novas Guidelines do NCEP
Razões que a razão desconhece?

Carlos Rabaçal

Ericeira, 8 de Fevereiro de 2014

Hospital Vila Franca de Xira

Declaração de Conflito de Interesses

Nenhum relacionado com esta apresentação

Circulation

American Heart Association

2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines

Neil J. Stone, Jennifer Robinson, Alice H. Lichtenstein, C. Noel Bairey Merz, Conrad B. Blum, Robert H. Eckel, Anne C. Goldberg, David Gordon, Daniel Levy, Donald M. Lloyd-Jones, Patrick McBride, J. Sanford Schwartz, Susan T. Shero, Sidney C. Smith, Jr, Karol Watson and Peter W.F. Wilson

Circulation. published online November 12, 2013;
Circulation is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231

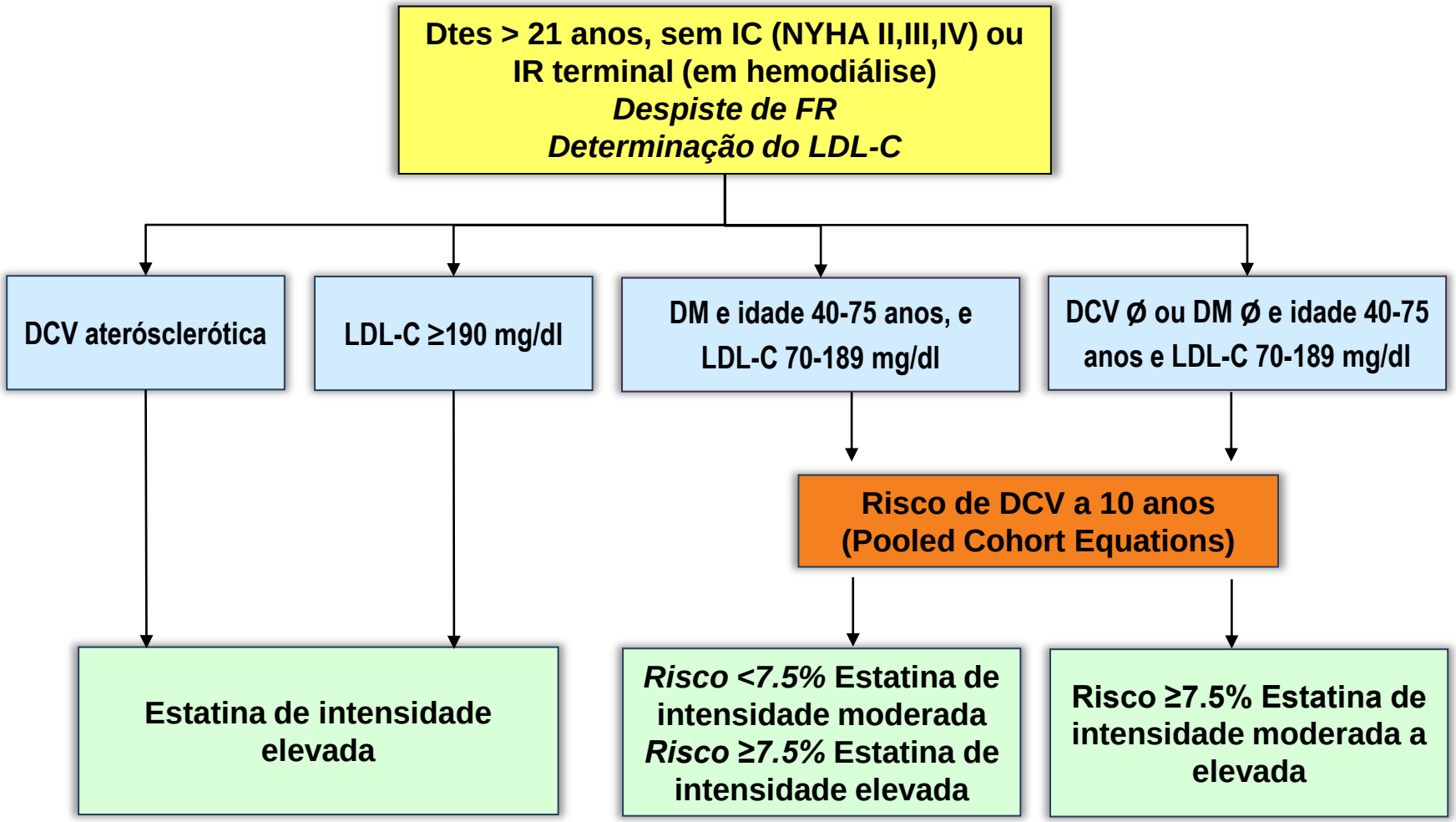
Print ISSN: 0009-7322. Online ISSN: 1524-4539

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a.citation

Data Supplement (unedited) at:
http://circ.ahajournals.org/content/suppl/2013/11/07/01.cir.0000437738.63853.7a.DC1.html

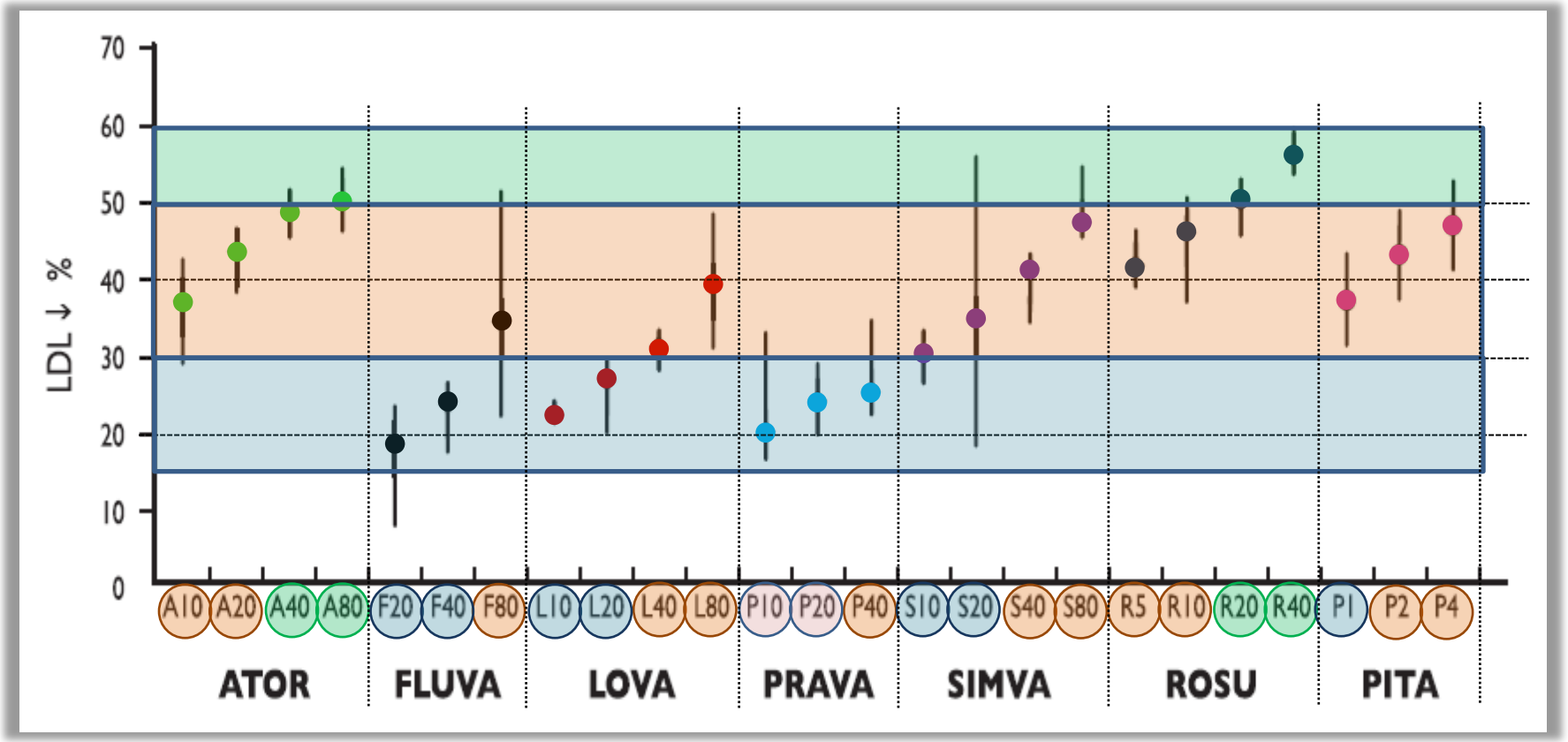
The ultimate decision about care of a particular patient must be made by the healthcare provider and patient in light of circunstances presented by that patient. As a result, situations might arise in which deviations from these guidelines may be apropriate.

Grupos de Risco que beneficiam com as Estatinas



Baseado em Keaney JF et al. *N Engl J Med* 2014;370:275-276

Intensidade das Estatinas
- Redução do LDL-C -



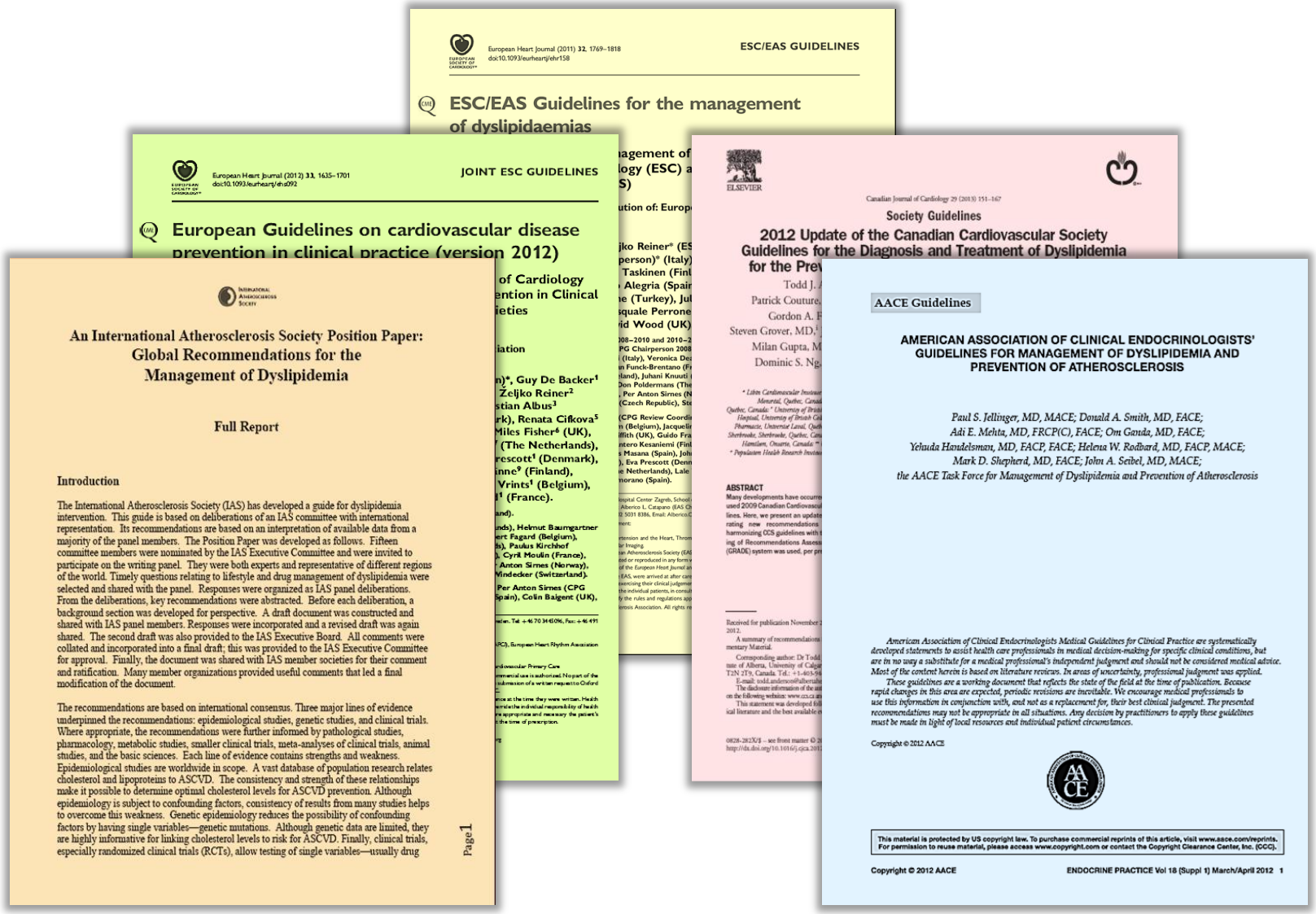
Desenhado a partir de Reiner Z et al. *Eur Heart J* 2011;doi:10.1093/eurheartj/ehr169.

Implicações para a Prática Clínica das Guidelines do ACC/AHA

1. Dispensa das avaliações rotineiras dos níveis de LDL-C
2. Subestimação dos fármacos não-estatina no tratamento
3. Tratamento conservador dos idosos (>75 anos), sem DCV_{at}
4. Não tratar doentes em hemodiálise ou com ICC sintomática
5. Desvalorização de endpoints intermédios (PCR_{as}, Score Ca^{++})
6. Implementação de um novo Score de Risco mais inclusivo

Raymond C et al. *CCJM* 2014;81:11-19
Keaney JF et al. *N Engl J Med* 2014;370:275-278

Faz sentido abandonar a estratégia ‘ treat to target ’ ?



European Heart Journal (2011) 32, 1769–1818
doi:10.1093/eurheartj/ehr158

ESC/EAS GUIDELINES

ESC/EAS Guidelines for the management of dyslipidaemias

European Heart Journal (2012) 33, 1635–1701
doi:10.1093/eurheartj/ehs092

JOINT ESC GUIDELINES

European Guidelines on cardiovascular disease prevention in clinical practice (version 2012)

ELSEVIER

Canadian Journal of Cardiology 29 (2013) 151–167

Society Guidelines

2012 Update of the Canadian Cardiovascular Society Guidelines for the Diagnosis and Treatment of Dyslipidemia for the Prev

ABSTRACT

AACE Guidelines

AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS' GUIDELINES FOR MANAGEMENT OF DYSLIPIDEMIA AND PREVENTION OF ATHEROSCLEROSIS

Paul S. Jellinger, MD, MACE; Donald A. Smith, MD, FACE;
Adi E. Mehta, MD, FRCP(C), FACE; Om Ganda, MD, FACE;
Yehuda Handelsman, MD, FACP, FACE; Helena W. Rodbard, MD, FACP, MACE;
Mark D. Shepherd, MD, FACE; John A. Seibel, MD, MACE;
the AACE Task Force for Management of Dyslipidemia and Prevention of Atherosclerosis

American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice are systematically developed statements to assist health care professionals in medical decision-making for specific clinical conditions, but are in no way a substitute for a medical professional's independent judgment and should not be considered medical advice. Most of the content herein is based on literature reviews. In areas of uncertainty, professional judgment was applied.

These guidelines are a working document that reflects the state of the field at the time of publication. Because rapid changes in this area are expected, periodic revisions are inevitable. We encourage medical professionals to use this information in conjunction with, and not as a replacement for, their best clinical judgment. The presented recommendations may not be appropriate in all situations. Any decision by practitioners to apply these guidelines must be made in light of local resources and individual patient circumstances.

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An International Atherosclerosis Society Position Paper: Global Recommendations for the Management of Dyslipidemia

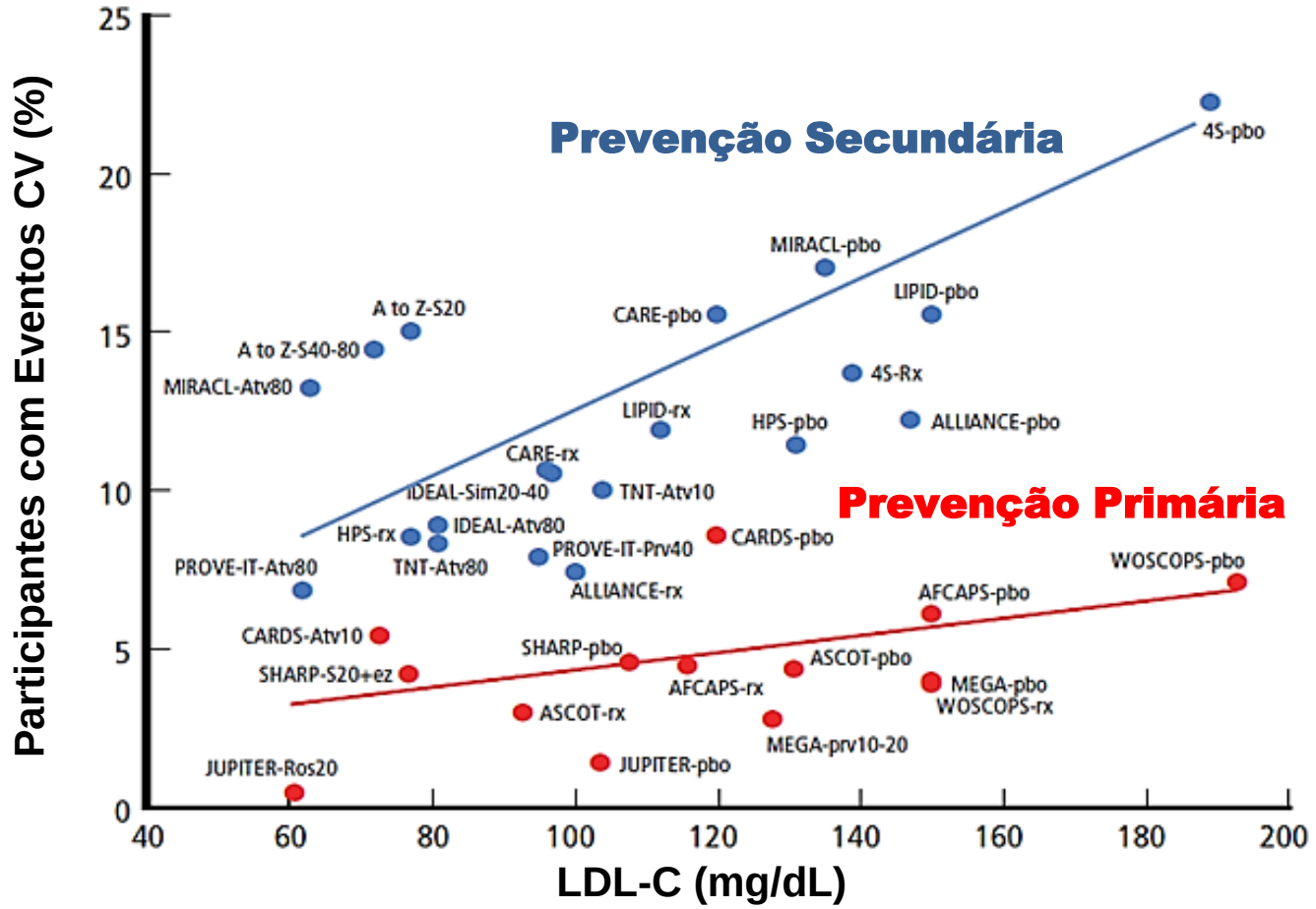
Full Report

Introduction

The International Atherosclerosis Society (IAS) has developed a guide for dyslipidemia intervention. This guide is based on deliberations of an IAS committee with international representation. Its recommendations are based on an interpretation of available data from a majority of the panel members. The Position Paper was developed as follows. Fifteen committee members were nominated by the IAS Executive Committee and were invited to participate on the writing panel. They were both experts and representative of different regions of the world. Timely questions relating to lifestyle and drug management of dyslipidemia were selected and shared with the panel. Responses were organized as IAS panel deliberations. From the deliberations, key recommendations were abstracted. Before each deliberation, a background section was developed for perspective. A draft document was constructed and shared with IAS panel members. Responses were incorporated and a revised draft was again shared. The second draft was also provided to the IAS Executive Board. All comments were collated and incorporated into a final draft; this was provided to the IAS Executive Committee for approval. Finally, the document was shared with IAS member societies for their comment and ratification. Many member organizations provided useful comments that led a final modification of the document.

The recommendations are based on international consensus. Three major lines of evidence underpinned the recommendations: epidemiological studies, genetic studies, and clinical trials. Where appropriate, the recommendations were further informed by pathological studies, pharmacology, metabolic studies, smaller clinical trials, meta-analyses of clinical trials, animal studies, and the basic sciences. Each line of evidence contains strengths and weakness. Epidemiological studies are worldwide in scope. A vast database of population research relates cholesterol and lipoproteins to ASCVD. The consistency and strength of these relationships make it possible to determine optimal cholesterol levels for ASCVD prevention. Although epidemiology is subject to confounding factors, consistency of results from many studies helps to overcome this weakness. Genetic epidemiology reduces the possibility of confounding factors by having single variables—genetic mutations. Although genetic data are limited, they are highly informative for linking cholesterol levels to risk for ASCVD. Finally, clinical trials, especially randomized clinical trials (RCTs), allow testing of single variables—usually drug

Redução de Eventos CV em Estudos com Estatinas

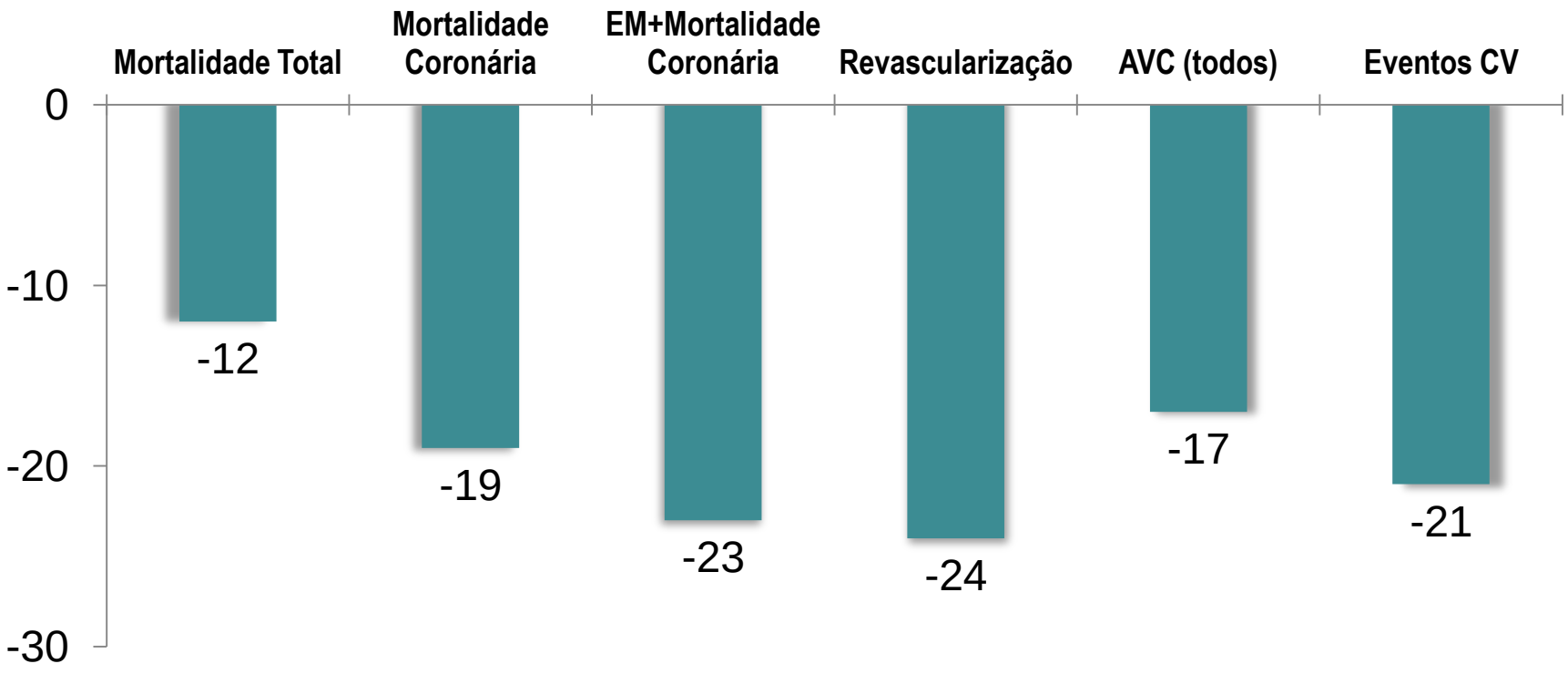


Actualizado de LaRosa JC et al. *N Engl J Med* 2005;352:1425-1435

Efficacy and safety of more intensive lowering of LDL cholesterol: a meta-analysis of data from 170 000 participants in 26 randomised trials

*Cholesterol Treatment Trialists' (CTT) Collaboration**

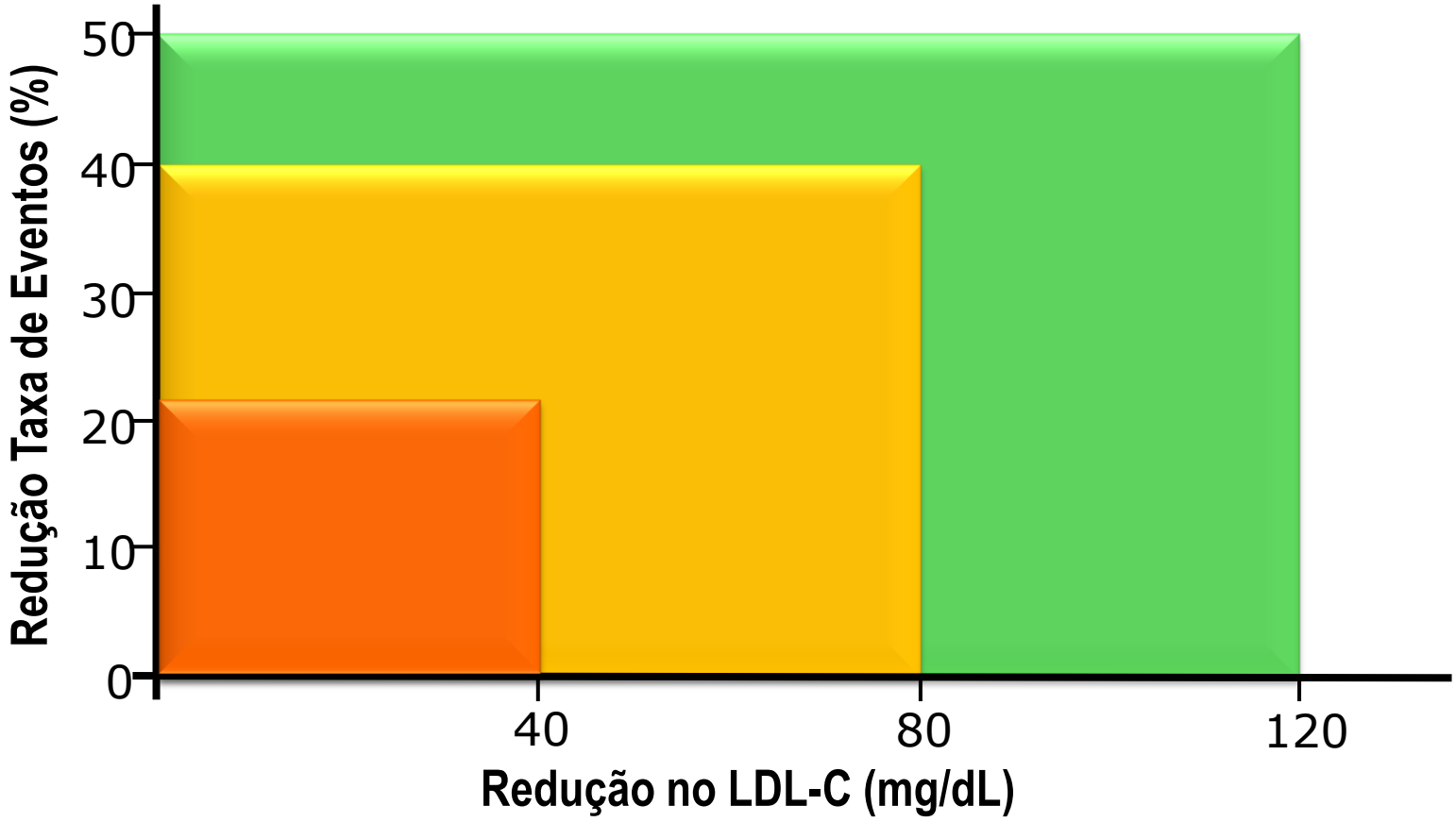
Redução de 40 mg/dl no nível de LDL-C durante 5 anos



Baigent C et al. *Lancet* 2010;376:1670-1681

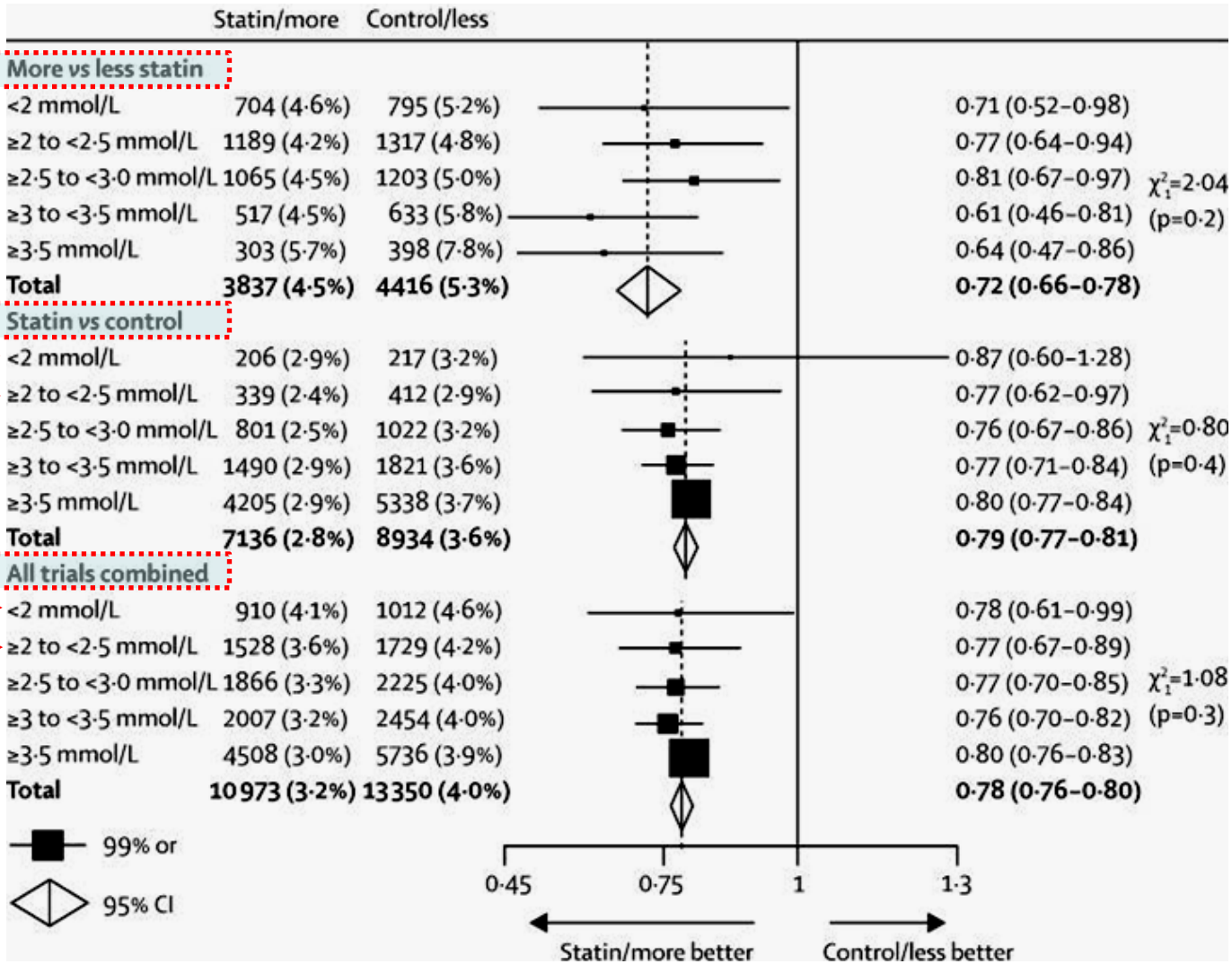
Efficacy and safety of more intensive lowering of LDL cholesterol: a meta-analysis of data from 170 000 participants in 26 randomised trials

*Cholesterol Treatment Trialists' (CTT) Collaboration**



Desenhado a partir de Baigent C et al. *Lancet* 2010;376:1670-1681

Redução de eventos CV independente do nível inicial de LDL-C

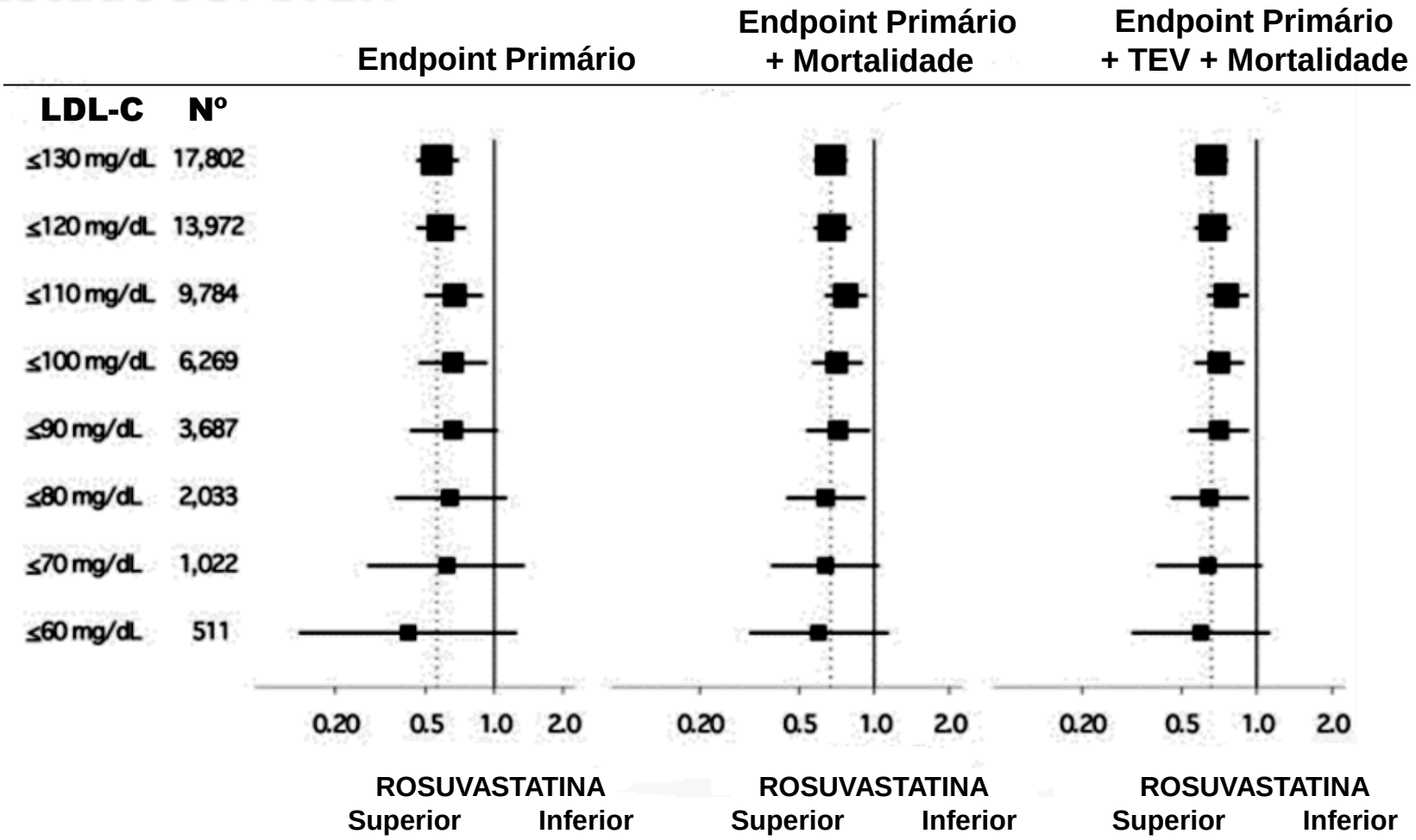


CARS14

Baigent C et al. *Lancet* 2010;376:1670-1681

Redução de eventos CV independente do nível de LDL-C atingido

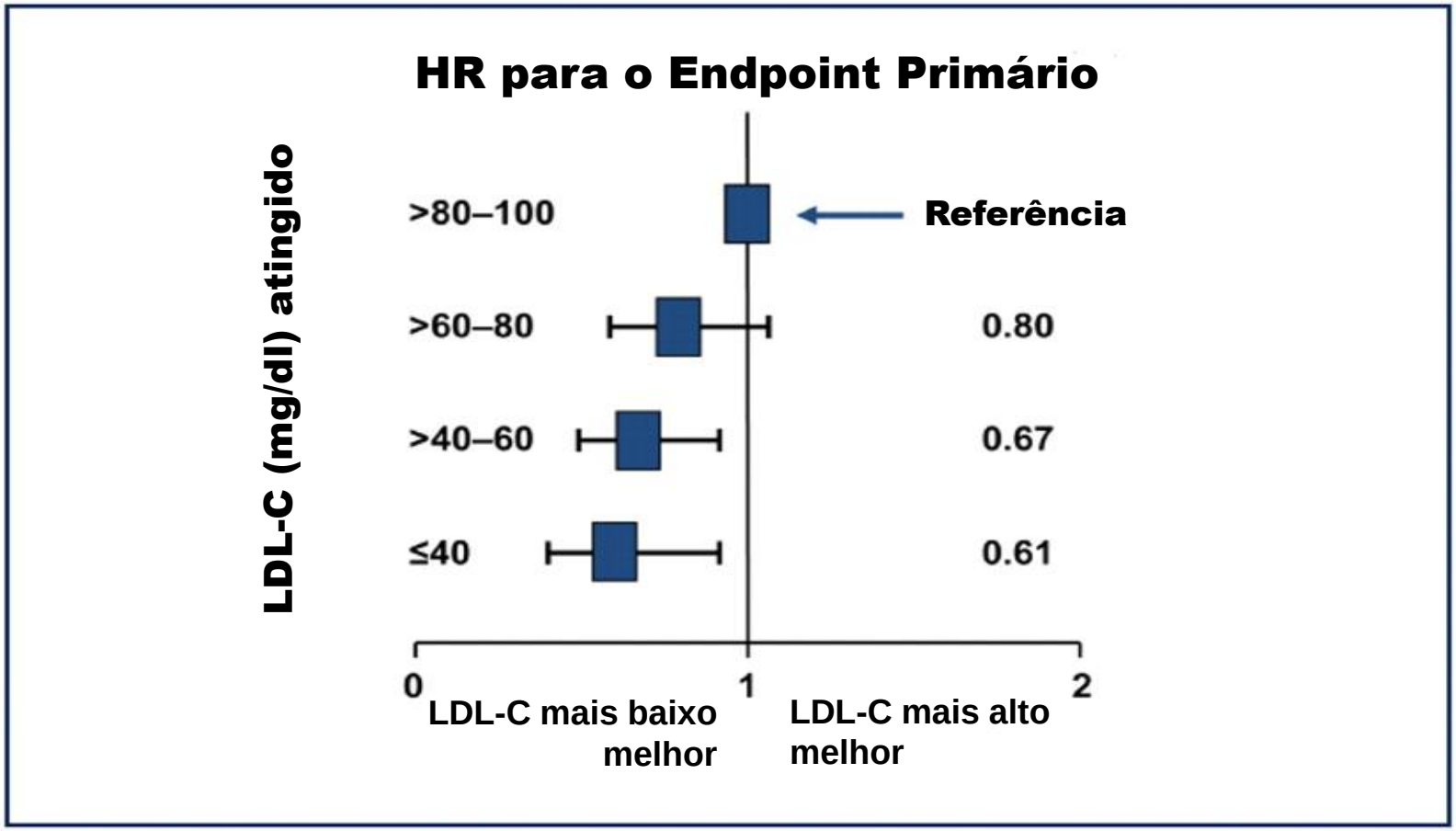
Estudo *JUPITER*



Hsia J. et al. *J Am Coll Cardiol*. 2011;57:1666-1675.

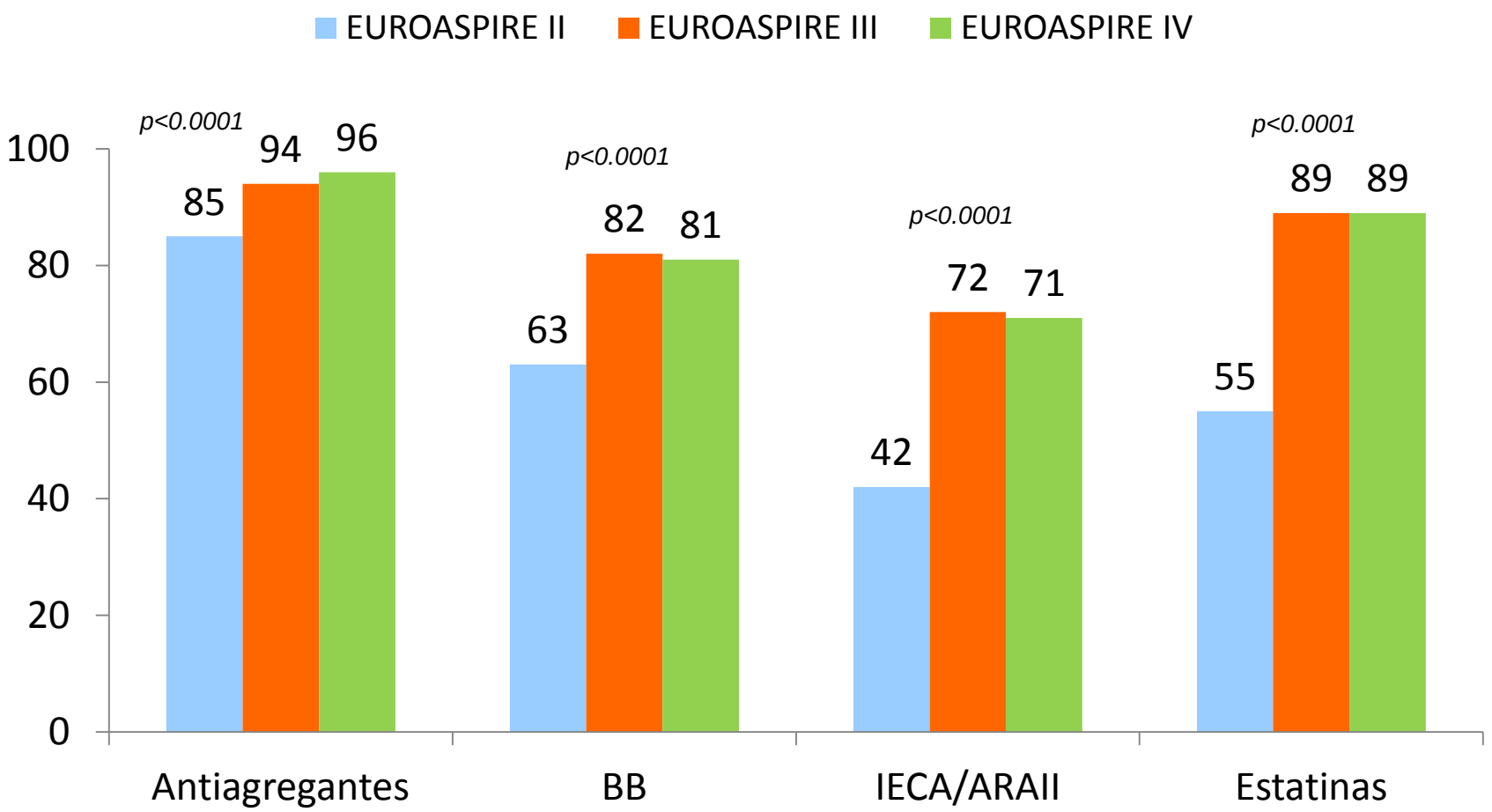
Redução de eventos CV independente do nível de LDL-C atingido

Estudo *PROVE-IT*



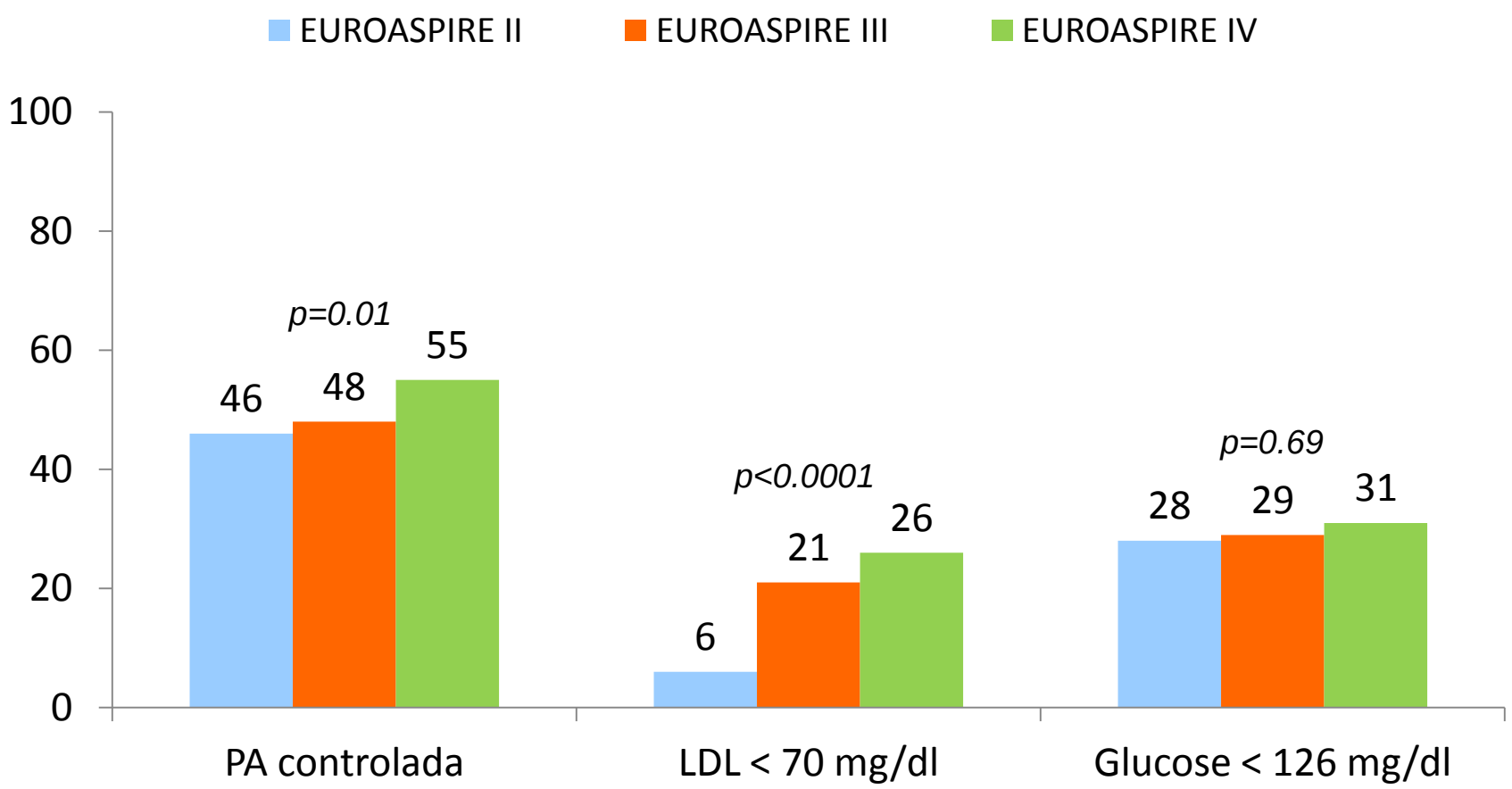
Wiviott SD. Et al. *J Am Coll Cardiol* 2005;46:1411-1416

Prevenção 2ária da Doença Coronária
- Terapêuticas validadas -



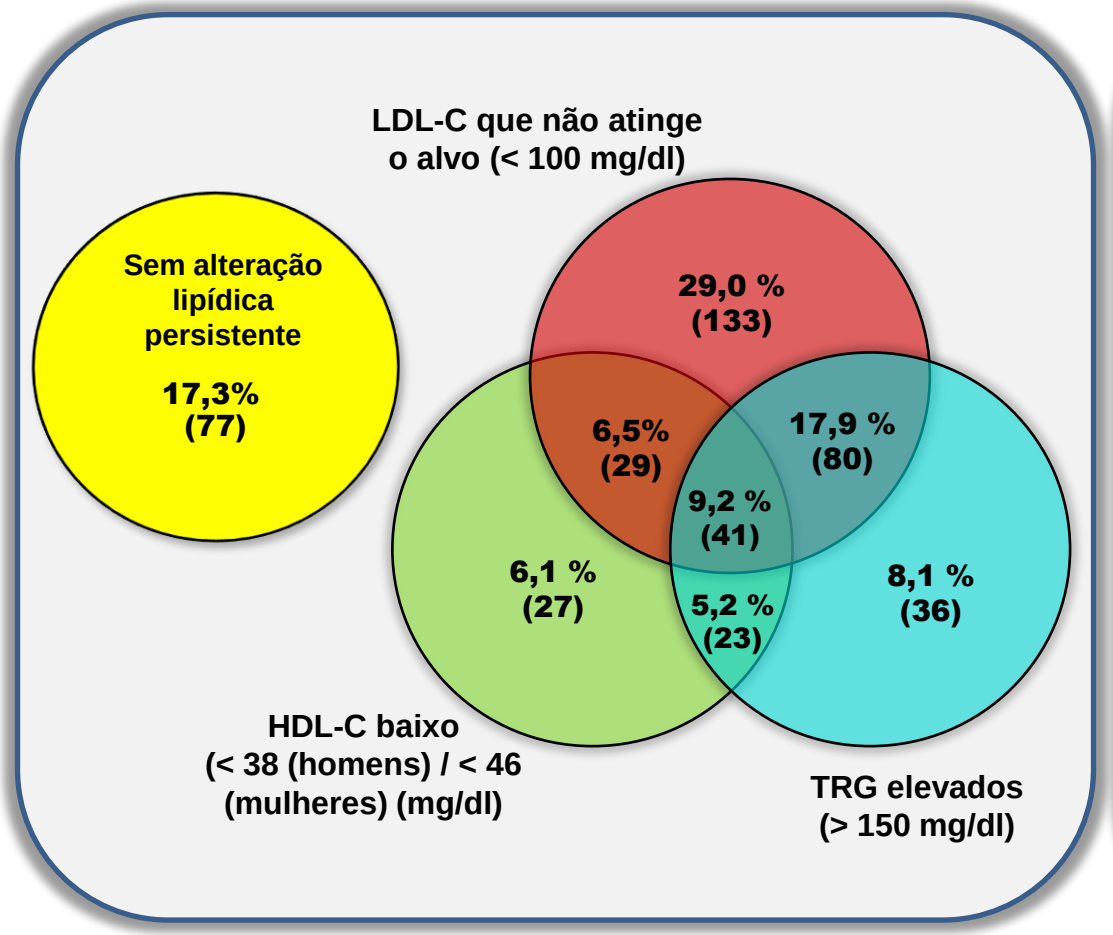
Kotseva K. *ESC Congress*, September 1st 2013, Amesterdam

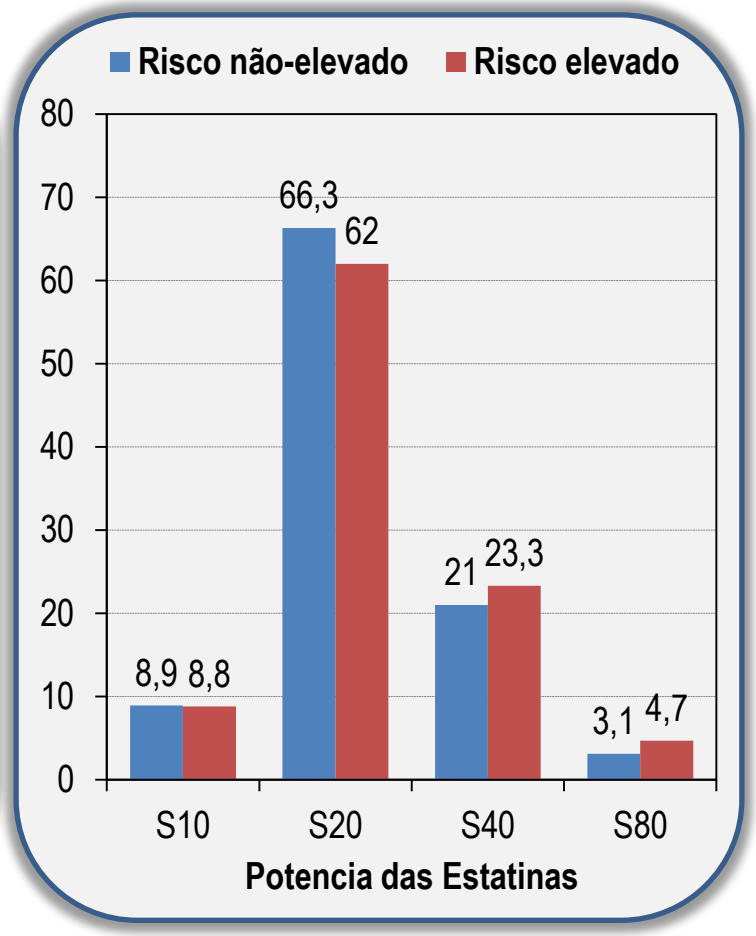
Prevenção 2ária da Doença Coronária
- Controlo terapêutico de FR -



Kotseva K. *ESC Congress*, September 1st 2013, Amesterdam

Estudo DYSIS_Portugal
Dtes de Risco Elevado tratados com Estatinas

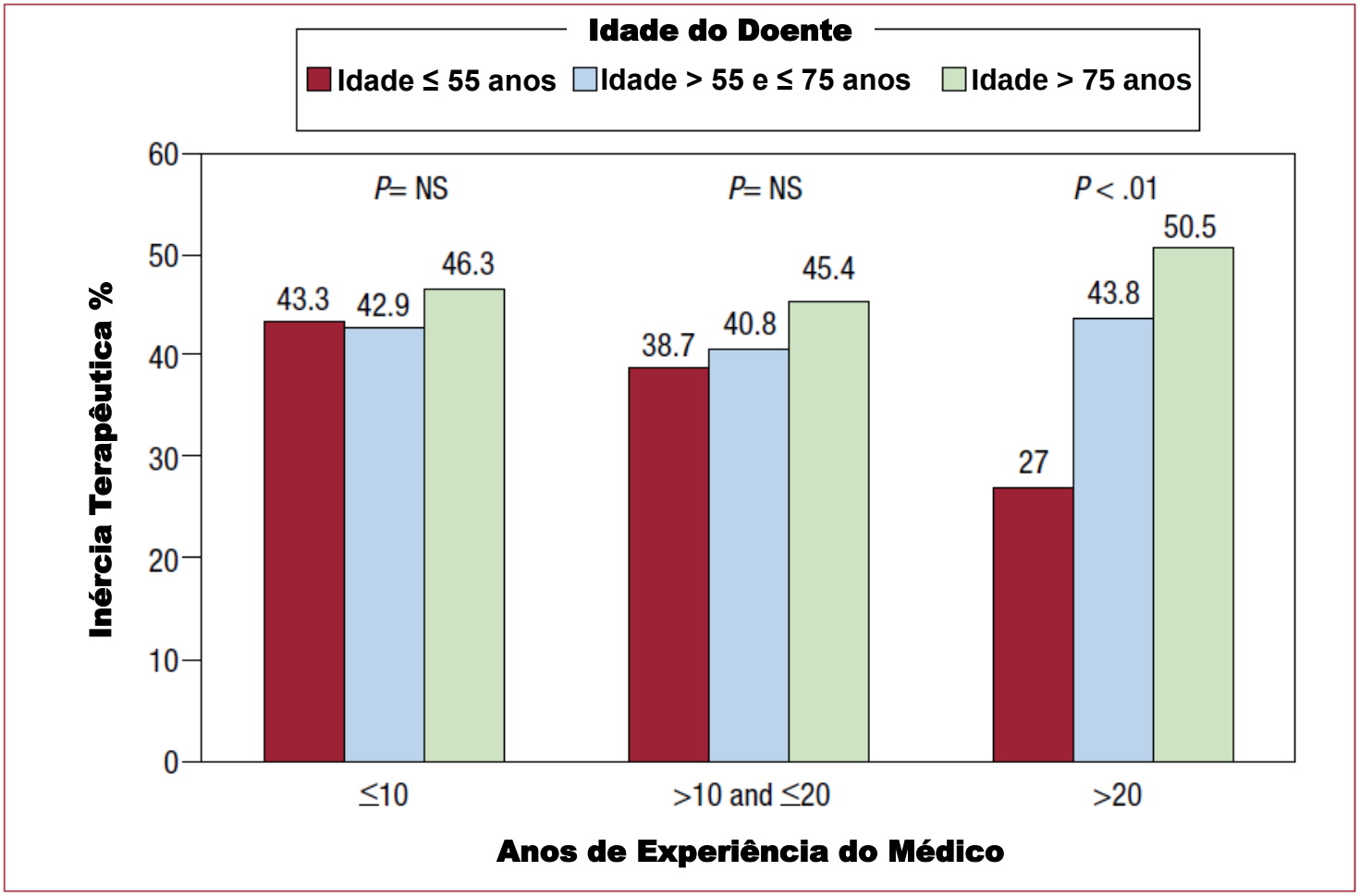




CARS14

Marques da Silva P. et al. *Rev Port Cardiol* 2011; 30: 47-63

Inércia Clínica no Tratamento das Dislipidémias



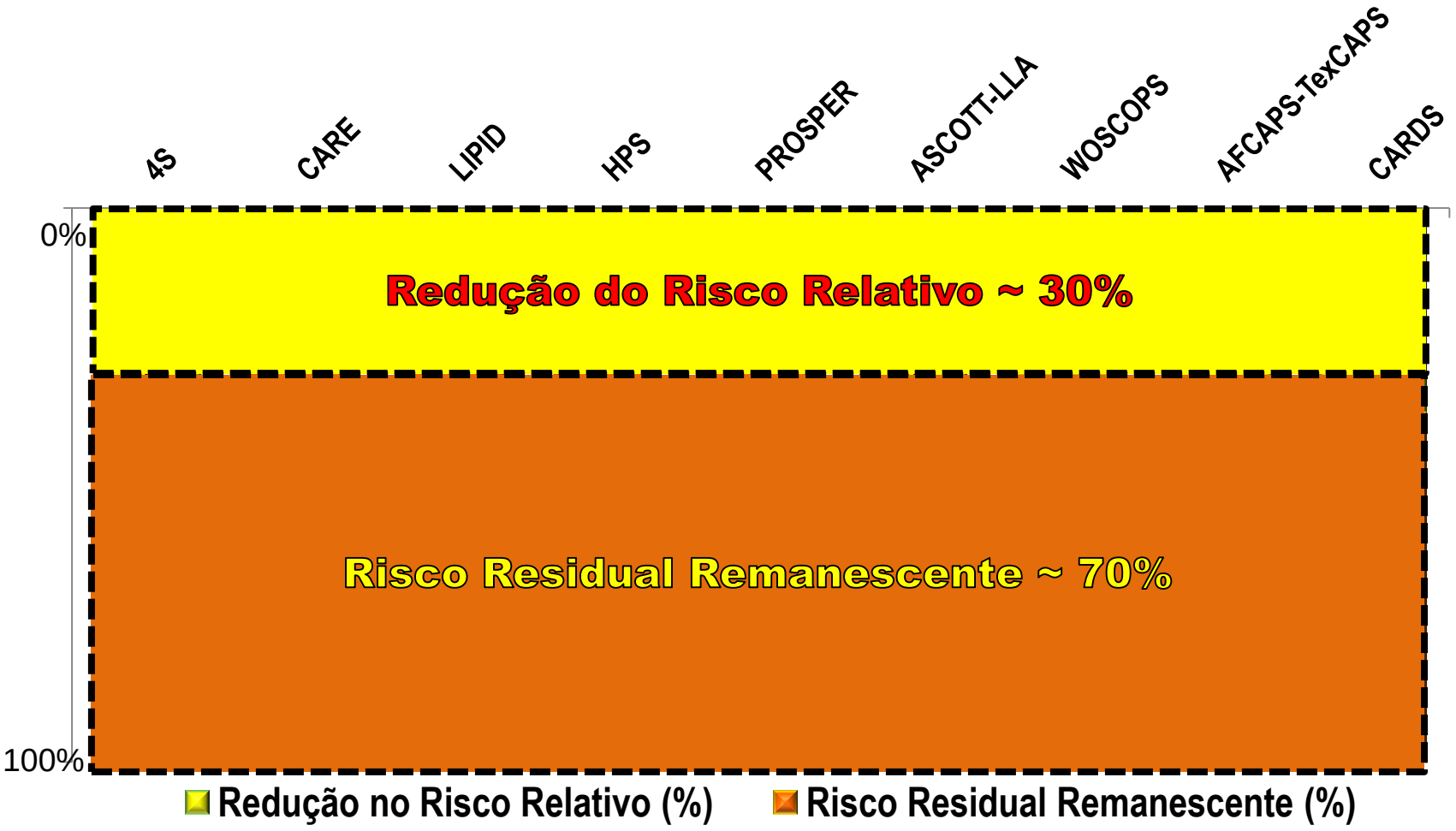
Lázaro P et al. *Rev Esp Cardiol* 2010; 63: 1428-1437

RESPOSTA:

Não faz sentido utilizar a estratégia ‘ treat to target ’

Faz sentido abandonar os fármacos ‘ não-estatina ’ ?

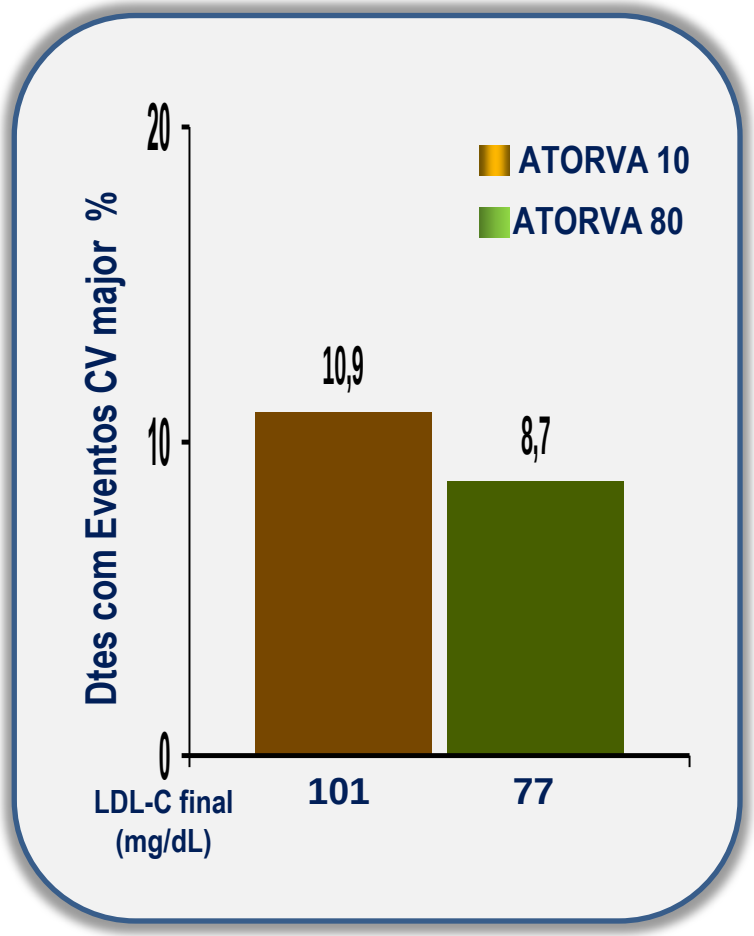
Risco Residual nos Estudos com Estatinas

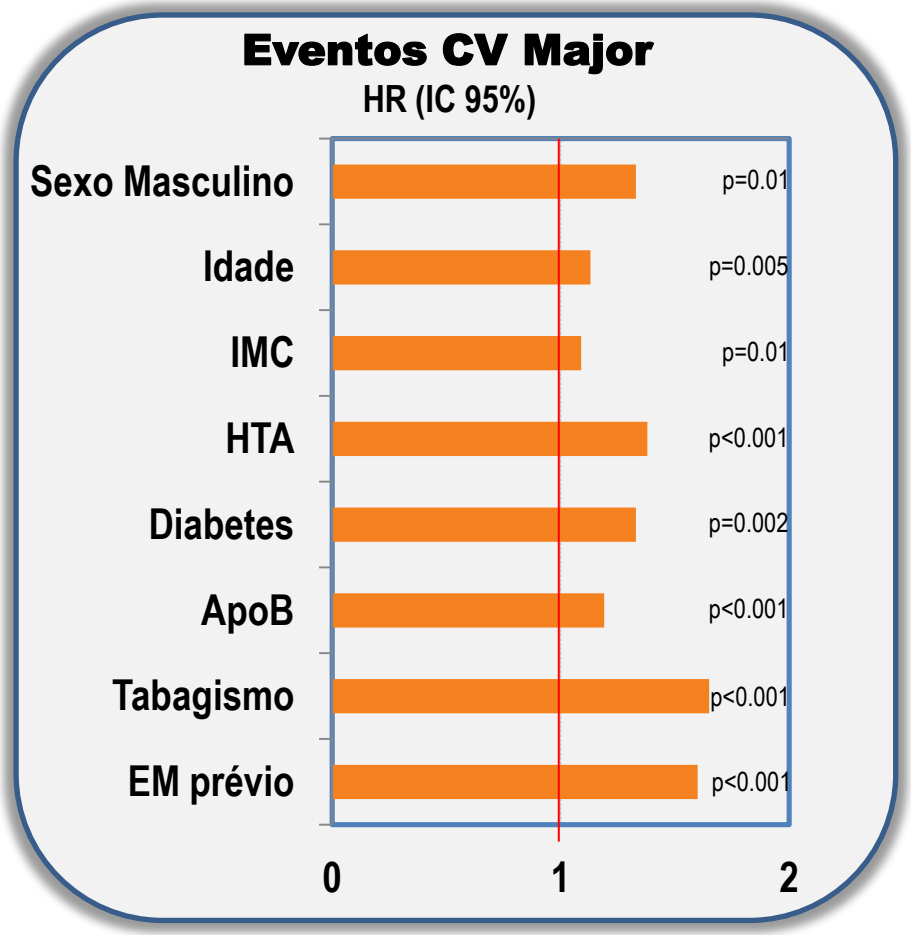


Adaptado de Fruchart et al. *Am J Cardiol* 2008; 102(Suppl.): 1K-34K

Componentes do Risco Residual nos Estudos com Estatinas

Estudo *TNT*





LaRosa JC et al. *N Engl J Med.* 2005;352:1425-1435

Mora S et al. *Circulation* 2012;125:1979-1987

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R3i EDITORIAL

Scope for multifocal approaches for reducing residual cardiovascular risk?

Prof. JC Fruchart, Prof. J. Davignon, Prof. M Hermans

An Editorial from the R3i Trustees

Despite current evidence-based therapeutic approaches, high-risk patients remain at excess risk of cardiovascular events. Clearly additional strategies are needed.

The Residual Risk Reduction Initiative (R3i) has already argued for improved management of atherogenic dyslipidaemia, the combination of elevated triglyceride-rich lipoproteins (TRL) and low plasma high-density lipoprotein cholesterol (HDL-C) concentration, a key contributor to this excess risk, especially in people with cardiometabolic disease.(1,2) Intestinal chylomicron production is upregulated in insulin resistant conditions; chylomicron remnants containing apolipoprotein B48 are also highly atherogenic. Thus, postprandial lipaemia (TRL and their remnants) is an important additional target to reduce residual cardiovascular risk. Indeed, evidence from the ACCORD Lipid study supports a role for peroxisome proliferator-activated receptorα (PPARα) agonists in reducing postprandial

Previous editorials

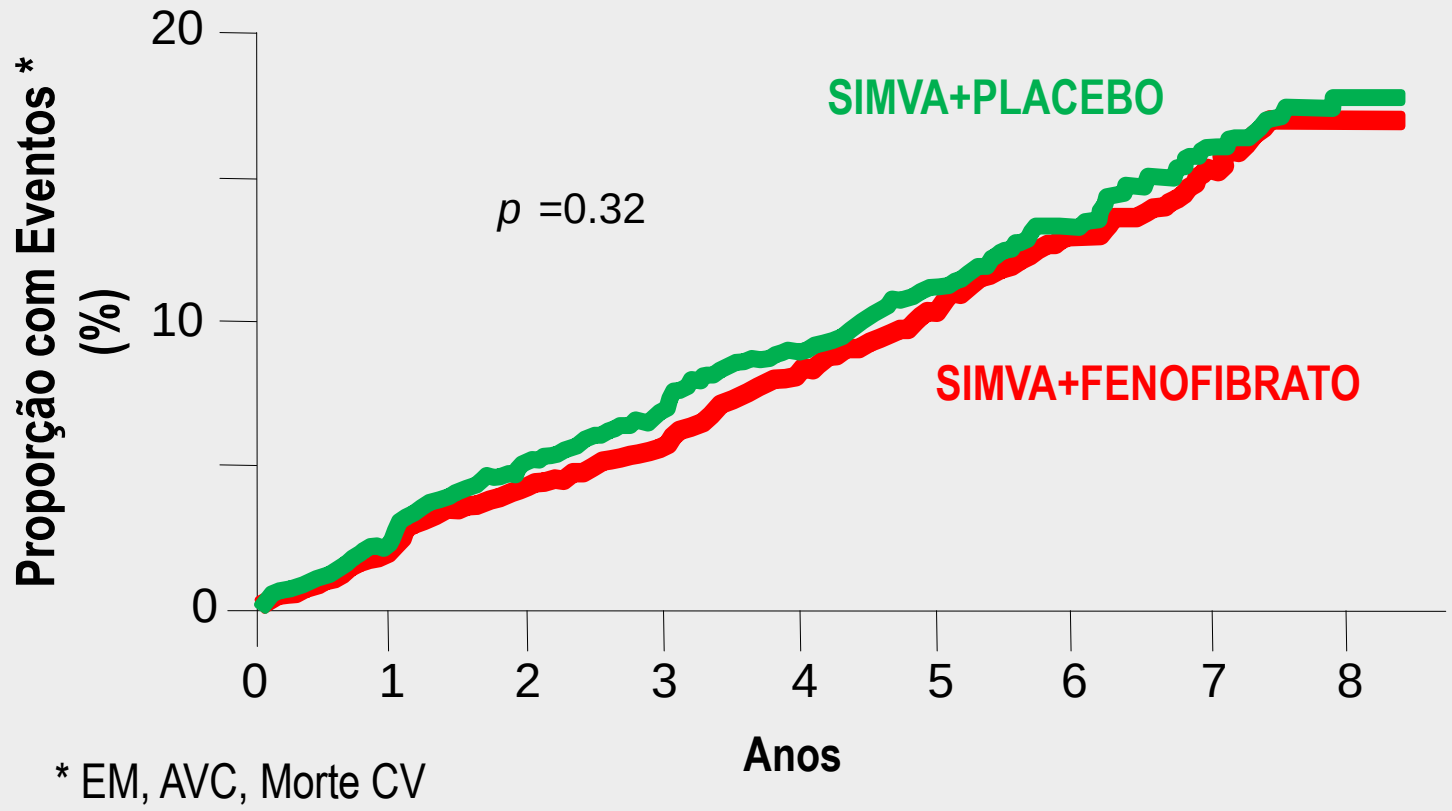
Looking back at 2013: what have we learned about residual vascular risk?
Prof. Jean Charles Fruchart, Prof. Jean Davignon, Prof. Michel Hermans

Long-overdue US guidelines for lipid management oversimplify the evidence
Prof. Jean Charles Fruchart, Prof. Jean Davignon, Prof. Michel Hermans

Triglycerides and residual cardiovascular risk: where now?
Prof. Jean Charles Fruchar Prof. Jean Davignon, Pr Michel Hermans

Redução do Risco Residual em doentes tratados com Estatinas

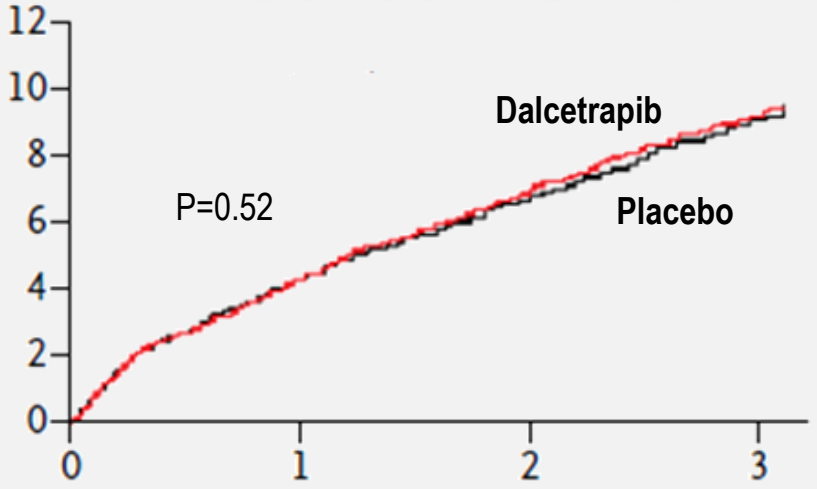
Estudo *ACCORD-LIPID*



CARS10

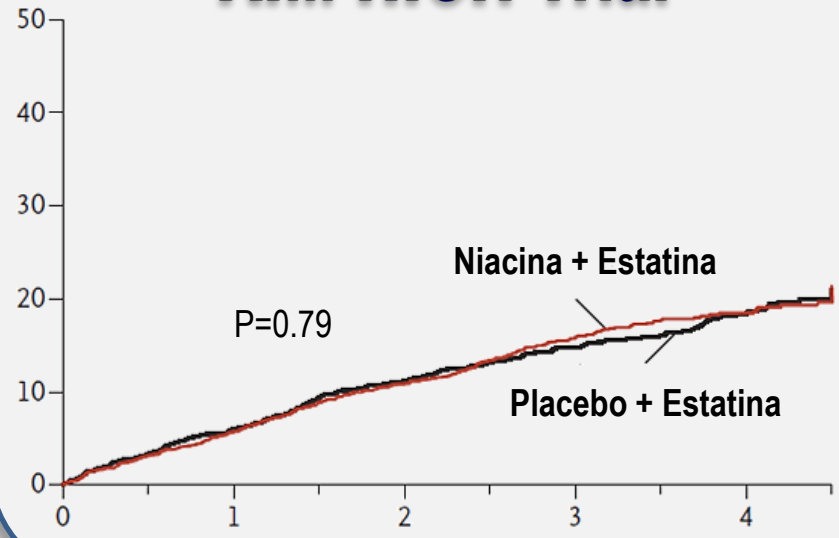
Ginsberg HN et al. *N Engl J Med* 2010;

dal-OUTCOMES Trial



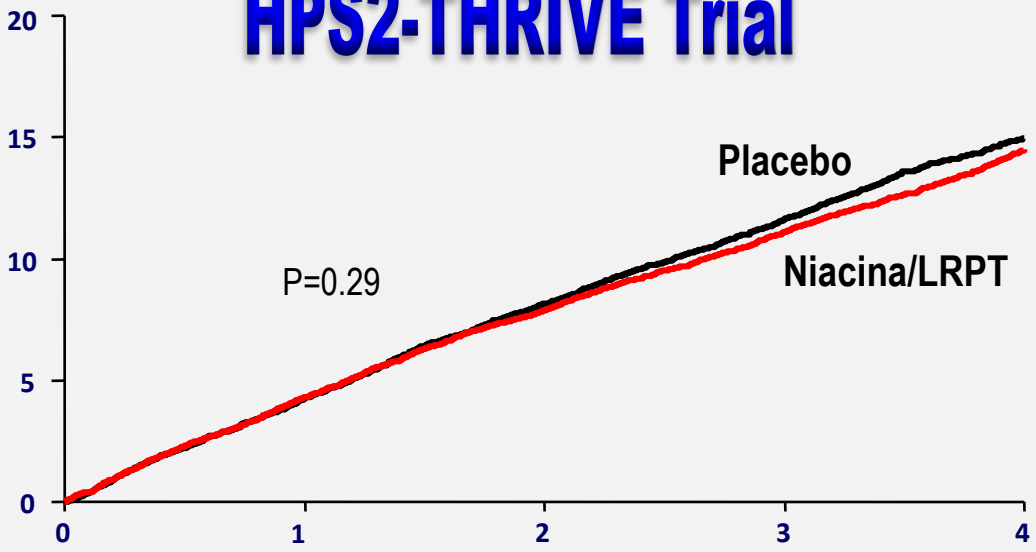
N Engl J Med 2012; 367:2089-2099

AIM-HIGH Trial



N Engl J Med 2011; 365:2255-2267

HPS2-THRIVE Trial



ACC 2013 Scientific Sessions. March 9-11, San Francisco, California

EZETIMIBE

Simvastatin with or without Ezetimibe in Familial Hypercholesterolemia

The ARBITER 6-HALTS Trial (Arterial Biology for the Investigation of the Treatment Effects of Reducing Cholesterol 6–HDL and LDL Treatment Strategies in Atherosclerosis)

Intensive Lipid Lowering with Simvastatin and Ezetimibe in Aortic Stenosis

The effects of lowering LDL cholesterol with simvastatin plus ezetimibe in patients with chronic kidney disease (Study of Heart and Renal Protection): a randomised placebo-controlled trial

ClinicalTrials.gov

A service of the U.S. National Institutes of Health

IMPROVE-IT: Examining Outcomes in Subjects With Acute Coronary Syndrome: Vytorin (Ezetimibe/Simvastatin) vs Simvastatin (P04103 AM5)

REVEAL: Randomized EValuation of the Effects of Anacetrapib Through Lipid-modification

A Study of Evacetrapib in High-Risk Vascular Disease (ACCELERATE)

ODYSSEY Outcomes: Evaluation of Cardiovascular Outcomes After an Acute Coronary Syndrome During Treatment With Alirocumab SAR236553 (REGN727)

Further Cardiovascular Outcomes Research With PCSK9 Inhibition in Subjects With Elevated Risk (FOURIER)

RESPOSTA:

Não faz sentido utilizar os fármacos não-estatina

The growth of knowledge depends entirely on disagreement.

Karl R. Popper