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Medical Therapy: Lipid Modifying Therapies

Announcer:
Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Jones:
Hello. My name is Schuyler Jones, and I'm an Interventional Cardiologist at Duke University Health System in Durham, North Carolina. It's my pleasure to talk to you today about medical therapy for patients with peripheral artery disease with a focus on lipid-lowering therapies.

The treatment framework for peripheral artery disease is shown in this slide. And you can see that medical therapy and exercise training are really the key foundation for treatment of patients. When patients undergo procedures, this is typically because patients have refractory symptoms or they have chronic limb-threatening ischemia. Medical therapy, including antiplatelet therapy, but also lipid-lowering therapy, really, again, are the cornerstone of treatment. Unfortunately, the use of medical therapy and statins only occurs in about 50 to 70% of overall patients with peripheral artery disease, including those patients who are undergoing revascularization.

Dr. Manesh Patel and I in our group at Duke did an evidence review for Medicare and the Agency for Healthcare Research and Quality back in 2015. We found that despite four outcomes that occur in patients with peripheral artery disease, not many studies actually directly study patients with PAD, and not many studies are done to really focus on medical therapy, including antiplatelets and lipid-lowering therapy.

Since that time, our colleague, Dr. Shipra Arya at Stanford and the Palo Alto V.A. have done a handful of nice studies looking at statin dose and amputation-free survival. This showed that patients who had high-intensity statin had a lower chance of amputation and a higher chance of survival over the course of their treatment. This really shows the benefit of statins and the need for high-intensity statins in patients with peripheral artery disease who are at the highest cardiovascular risk.

When we look at other publications, including this one from Dr. Marc Bonaca, from the FOURIER trial, it shows that the use of PCSK9 inhibitors can definitively lower LDL cholesterol, and this lowering of LDL cholesterol will reduce the chances of cardiovascular events and also limb events in patients with PAD. While it's only a substudy of a larger population, this really is the only direct evidence for more aggressive treatment for cholesterol in patients with PAD. In the left panel, you can see a 44% relative risk reduction. And in the right panel you can see that these are limb events where the risk of things like major amputation as well as urgent revascularization are also reduced by 57%, a very drastic and needed improvement for our patients with peripheral artery disease who are not being treated as aggressively.

It was my pleasure to participate in the 2024 PAD guidelines. Our chair, Dr. Heather Gornik, published the guidelines earlier this year. And you can see that for medical therapy and lipid-lowering therapy, there's a 1A recommendation for treatment of patients with PAD with high-intensity statin therapy, such that LDL cholesterol is lowered by at least 50% in these patients. Additionally, patients who have

tolerated high-intensity statin therapy and still have an LDL cholesterol greater than 70, these patients, there is a 2a recommendation for the use of PCSK9 inhibitor therapy and ezetimibe.

As you can tell from our presentation, our patients with PAD remain at high risk and really deserve high-intensity statin therapy, in addition to more aggressive treatment, in some instances, with ezetimibe, bempedoic acid, and PCSK9 inhibitor therapy.

Thanks so much for joining, and it was a pleasure to speak with you today.

Announcer:
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