

Letter by Puri et al Regarding Article, "Reductions in Atherogenic Lipids and Major Cardiovascular Events: A Pooled Analysis of 10 ODYSSEY Trials Comparing Alirocumab With Control"

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Letter by Puri et al Regarding Article, “Reductions in Atherogenic Lipids and Major Cardiovascular Events: A Pooled Analysis of 10 ODYSSEY Trials Comparing Alirocumab With Control”

To the Editor:

We read with great interest the article by Ray et al¹ about major adverse cardiovascular events outcomes in patients with low-density lipoprotein cholesterol (LDL-C) <50 mg/dL. It has been a well-known fact that South Asians have an atherogenic dyslipidemia [high triglycerides and low high-density lipoprotein cholesterol (HDL-C)] at baseline,² are at higher cardiovascular risk, and develop coronary artery disease ≈1 decade earlier than whites. Hence, guidelines by the Lipid Association of India have laid great emphasis on aggressive control of LDL-C to levels <50 mg/dL in very high-risk Indians.² We are delighted that the results of this post hoc analysis are in concordance with our guidelines with respect to the safety and efficacy of lowering LDL-C beyond previously recommended levels.

Regarding utilization of non-HDL-C as a prominent therapeutic target, the International Atherosclerosis Society Position Paper, published in 2013, stated, “It is expected that in future guidelines non-HDL-C will replace LDL-C as the better target of treatment.”³ Ray et al¹ also highlight association of non-HDL-C with major adverse cardiovascular events being as strong as LDL-C.¹ Although the guidelines do mention the utility of non-HDL-C, it is often mentioned as the secondary target, with the primary target being only control of LDL-C.⁴ Lipid Association of India guidelines have recommended using both LDL-C and non-HDL-C as coprimary targets, keeping in mind the relevance for Indian patients and treating physicians.

With the availability of proprotein convertase subtilisin/kexin type 9 inhibitors, safety of even lower LDL levels has been reemphasized.⁵ Cardiovascular outcome data of these drugs are expected in the near future,⁵ and positive data would provide further assurance for existing international guidelines to be revised for more stricter LDL goals for high-risk patients. Like India, many developing countries are yet to see approval of proprotein convertase subtilisin/kexin type 9 inhibitors. Until such a therapy is available, statins, which are now off patent and less costly, should be utilized more effectively to achieve desirable LDL-C levels.

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DISCLOSURES

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