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LETTER TO THE EDITOR

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.1 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.

DISCLOSURES

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