IN BRIEF

Adding Ezetimibe to a Statin Improves Clinical Outcomes

Combining a statin with another drug that lowers low-density lipoprotein cholesterol (LDL-C), such as colesevelam (Welchol), niacin (Niaspan, and others), or ezetimibe (Zetia), can reduce LDL-C levels more than a statin alone, but studies convincingly demonstrating that such combinations improve clinical outcomes have been lacking. The results of a long-term randomized, double-blind clinical trial (IMPROVE-IT) recently presented at the American Heart Association's Scientific Sessions 2014 indicate that addition of ezetimibe to simvastatin in high-risk patients reduces cardiovascular events.1

IMPROVE-IT compared the efficacy of simvastatin 40 mg plus placebo with that of simvastatin 40 mg plus ezetimibe 10 mg (Vytorin) in preventing the primary endpoint, a composite of cardiovascular events (cardiovascular death, MI, hospital admission for unstable angina, coronary revascularization, or stroke) in patients with acute coronary syndrome and normal LDL-C levels (≤125 mg/dL; mean 95 mg/dL). After one year, mean LDL-C was reduced further with the addition of ezetimibe (to 53.2 vs. 69.9 mg/dL with simvastatin alone). After 7 years, 2742 events had occurred among the 9077 patients taking simvastatin plus placebo and 2572 among the 9067 taking simvastatin plus ezetimibe (event rate: 34.7% vs. 32.7%; p = 0.016). There was no significant difference between the 2 groups in noncardiovascular adverse events, including gallbladder-related events, myopathy, or cancer. ■
