IMPACT OF EICOSAPENTAENOIC ACID ON PROGNOSIS IN PATIENTS WITH ISCHEMIC HEART DISEASE AND OPTIMALLY CONTROLLED LDL-CHOLESTEROL LEVEL

Poster Contributions
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Background: Intensive lipid lowering therapy using statin has decreased the incidence of the cardiovascular events. However, the residual cardiovascular risk still exists even after intensive lipid lowering therapy. The n-3 polyunsaturated fatty acids are considered to be related to the cardiovascular events. The aim of this study was to assess the impact of eicosapentaenoic acid (EPA) on cardiac events in ischemic heart disease (IHD) patients with optimal LDL-cholesterol level.

Methods: One-hundred thirty-four consecutive patients (mean age: 70 years, male 71%) with IHD and LDL-cholesterol<100 mg/dl were included. The EPA, arachidonic acid (AA) and EPA/AA were compared between patients with and without major cardiac and cerebrovascular events (MACCE). MACCE was defined as a composite of cardiac death, acute coronary syndrome and stroke.

Results: Patients were divided into 2 groups according to their EPA levels, high EPA (>56.0μg/ml) and low EPA groups. During follow-up (mean: 2.5 years), High EPA group showed a trend toward higher MACCE free survival (P=0.057, Figure). By multivariate analysis using the Cox proportional hazard model, EPA was an independent predictor of MACCE.

Conclusion: High EPA was associated with better long-term prognosis in IHD patients with optimal LDL-cholesterol level.