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Poor achievement of low-density lipoprotein cholesterol targets in French patients with stable coronary heart disease. Contemporary data from DYSIS II CHD study

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Aim We sought to determine achievement of lipid targets according to current European guidelines (low-density lipoprotein cholesterol [LDL-C] ≤ 70 mg/dL) in patients with stable coronary heart disease (CHD) with or without lipid-lowering therapy (LLT), in the French cohort of the Dyslipidemia International Study II_{CHD} (DYSIS II_{CHD}).

Methods DYSIS II_{CHD} was a multicentre observational cross-sectional study conducted from July 2013 to October 2014 in 27 centres in France. Adults with stable CHD (defined as ≥ 1 of the following: $>50\%$ stenosis on coronary angiography or computed tomography, prior percutaneous coronary intervention, prior coronary bypass graft, history of ACS >3 months previously) and a fasting lipid profile done within the previous 12 months were consecutively enrolled. Eligible patients had to be on LLT for ≥ 3 months or taking no LLT.

Results A total of 436 CHD patients were enrolled. Of the 424 patients (97.2%) on LLT, 91.5% were on statin treatment at the moment of inclusion (mean \pm SD dose calculated in atorvastatin 27 \pm 23mg/day). Non-statin LLT was used in 17.7% patients (79.2% were on a cholesterol-absorption inhibitor). Mean \pm SD LDL-C was 87.4 \pm 30.5mg/dL, 28.4% achieved LDL-C $<$ 70mg/dL, and 67.7% had an LDL-C $<$ 100mg/dL (Table).

Abstract 0191 – Table: Characteristics of lipid values in patients with stable CHD

	All patients (n=436)	LLT (n=424)	No LLT (n=12)
Age (years)	69 \pm 12	69 \pm 12	74 \pm 12
Men	80.0	79.7	91.7
ACS >3 months previously	70.0	70.0	66.7
Diabetes type 2	27.0	27.3	16.7
Chronic kidney disease	5.0	5.2	0
Lipid variables			
LDL-C (mg/dL)	87.4 \pm 30.5	86.0 \pm 29.6	135.3 \pm 24.5**
LDL $<$ 70 mg/dL	28.4	29.2	0*
Distance to target of $<$ 70 mg/dL (mg/dL)	31.1 \pm 24.2	29.7 \pm 23.2	65.3 \pm 24.5**
LDL $<$ 100 mg/dL	67.7	69.3	8.3**

Data are mean \pm SD or %. *P $<$ 0.05; **P \geq 0.0001 (LLT vs no LLT)

Conclusions These observational data from contemporary clinical practice in France indicate suboptimal lipid control, with over two-thirds of high-risk CHD patients failing to achieve the LDL-C target despite taking LLT, and a large difference between mean value and target LDL-C. More-intensive treatment is required to optimize achievement of lipid goals in CHD.

The author declares a conflict of interest: Merck employee

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Evaluation of the screening for myocardial ischemia among women at cardiovascular risk

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Background Coronary artery disease is the leading cause of cardiovascular diseases, which remains the major cause of death for women. Prevention, screening and diagnosis tend to be performed at late stages and less frequently, and treatments are not optimal in women. The consequences of a targeted screening for myocardial ischemia in women at risk have not yet been studied.

Methods We conducted a prospective observational study with retrospective data collection based on a cohort of female patients at cardiovascular risk, with or without symptoms, who benefited from a non-invasive diagnostic test, offered through the care pathway “Heart, arteries and women” from the Lille University hospital of Lille, between January 1st, 2013 and June 31st, 2014. The objective was to determine the relevance of this screening and which factors would help in targeting women more efficiently.

Results The screening gave a positive result in for 15.7% of the 287 women included.

Among the 30 women that benefited from a coronarography, 72% had no obstructive coronary artery disease. The independent predictive factors of a positive screening were a menopause since more than 5 years (OR=4.17; p=0.001), an HDL-c ≤ 0.5 g/dL (OR=2.45; p=0.023) and an IMC ≥ 32 (OR=4.58; p=0.0001). A clinical coronary score based on these factors was developed to target the screening (AUC 0.765). The symptoms, presents in half of the patients, were predictive of a positive screening (p=0.010) but were mostly atypical.

The classical cardiovascular risk scores were inefficient at predicting a coronary artery disease (AUC 0.618 to 0.681). The positive screening had resulted into a low rate of revascularization (17%) but in a significant increase of in the prescription of statin (p=0.002), antiplatelet agents (p $<$ 0.0001) and beta blockers (p=0.024).

Conclusion The screening for myocardial ischemia among selected women at risk of cardiovascular diseases allows optimizing their care in secondary prevention.

The author hereby declares no conflict of interest

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3-vessels coronary artery disease: epidemiological profile, based on a 365 cases' study

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Introduction Coronary artery disease is a public health problem, whose prognosis and management depend on the development of lesions, hence the need to determine the profile of patients most at risk of developing major lesions, as well as items that can influence their prognosis.

Objective The aim of our study is to identify the epidemiological profile of patients treated for acute coronary syndrome or explored for effort angina and have a documented three-vessel coronary disease. The second objective is to identify mortality factors.

Method This is a descriptive study that examined patients records hospitalized for coronary artery disease during the period from Jan 2007 to Dec 2012 and who have a three vessel coronary disease. The mean of follow up is 4 years.

Results During the period, 365 patients were hospitalized. This is 23% women and 77% of men (3.5 /1); the average age was 64 years for men VS 69 years for women (p $<$ 0.001). The reason for hospitalization was 44% of STEMI, 33% NSTEMI, 23% of effort angina. Diabetic patients accounted for 49%, 66% women vs 47% of men (p=0.001). Hypertension is present in 60% of patients. 34% of patients were smokers. Left ventricular function was