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Letter to the Editor

Ezetimibe – a new approach in hypercholesterolemia management

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Suchy et al. [10] discuss the benefits of ezetimibe beyond lipid-lowering as well as its effects on atherosclerosis. Some comments may be of interest.

Reducing low density lipoprotein cholesterol (LDL-C) is the main indication for ezetimibe [2, 7, 8]. This drug is useful in patients who cannot achieve LDL-C goals on statins or those who are statin intolerant [2, 4, 7, 8]. Meta-analyses suggested that adding ezetimibe decreases LDL-C levels more than statin monotherapy, after doubling the dose of a statin or selecting a more potent statin [2, 7, 8]. It was also suggested that ezetimibe can increase LDL particle size, especially in patients with high triglyceride levels [3, 11].

Ezetimibe may exert other beneficial actions which may or may not be related to its hypolipidemic capacity (e.g., for non-alcoholic fatty liver disease and renoprotection) [6]. Ezetimibe monotherapy reduced the plasma mass and activity of lipoprotein-associated phospholipase A_2 (Lp-PLA_2), which is considered risk predictor of cardiovascular (CV) events [9]. Furthermore, ezetimibe may lower the levels of oxidative stress markers [5].

In the end, the most important issue is reducing vascular events. In this context, the Study of Heart and Renal Protection (SHARP) [1] reported that the combination of ezetimibe with simvastatin was associated with reduced risk of CV events compared with placebo after 4.9 years in patients (n = 9,270) who are pre-dialysis or on dialysis.

The clinical relevance of these points and those addressed by Suchy et al. [10] requires to be established by future studies.

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