
NEWS in Brief

FEW STUDIES AVAILABLE REGARDING THE USE OF COMBINATION THERAPY FOR BLOOD CHOLESTEROL CONTROL

A systematic review showed that the use of high-dose statin monotherapy is generally good in reducing the blood cholesterol level, compared to combining a statin with another drug. The review was limited by the quality of the available studies. There was some low-quality evidence that combining a statin with ezetimibe in high-risk patients is slightly more effective than using a statin alone.

The review (led from Ottawa Hospital) analysed 102 studies (98 randomised controlled trials, 4 non-randomised). The review was funded by the Agency for Healthcare Research and Quality, and the authors reported receiving honoraria from drug companies. The researchers looked for

associations between drug treatment (for hypercholesterolaemia), and attainment of lower blood cholesterol, all-cause mortality, and vascular death. They tried to compare the benefits and risks of high-dose statin monotherapy with those of combination therapy for clinical events, surrogate measures, tolerability, and adherence in persons requiring intensive lipid-lowering therapy. The studies were generally of short duration, focused on surrogate outcomes, and included patients who might have had limited risk for CHD. The combination treatments in the studies were limited to a mix of statins and ezetimibe.

The systematic review found no difference in outcomes between statins alone and combination therapy (statin-ezetimibe and statin-fibrate) for mortality, myocardial infarction, stroke, and revascularisation procedures. There

was insufficient information to discern trends in racial or ethnic subgroups, women, and the frail elderly.

In 2 trials, there was a 10-20% additional reduction in blood low-density lipoprotein cholesterol (LDL) in high-risk patients, who took a combination of low-dose simvastatin and ezetimibe compared to high-dose statin monotherapy (OR 7.21, 95% CI 4.30 to 12.08).

The researchers noted that the systematic review was limited by limitations of the studies themselves, and that the available evidence was insufficient to guide many clinical decisions. **SMA**

Source: Sharma M, et al. Systematic review: Comparative effectiveness and harms of combinations of lipid-modifying agents and high-dose statin monotherapy. Early release article online. *Ann Intern Med* 2009; 151(9). <http://www.annals.org/cgi/content/full/0000605-200911030-00144v1>