SUBOPTIMAL LIPID MANAGEMENT IN PATIENTS WITH ACUTE ISCHEMIC STROKE



F. Duchi^{1*}, L. Vandewalle^{2*}, J. Van den broucke¹, A. Verhaeghe¹, <u>P. Vanacker ^{2,3,4}</u>

- 1. Department of Clinical Pharmacy, AZ Groeninge. 2. Department of Neurology, AZ Groeninge, Kortrijk, Belgium
- 3. Research Group on Translational Sciences, University of Antwerp, Belgium. 4. Antwerp University Hospital, Dept. of Neurology, Belgium.
 - * equally contributed, _ presenting author



INTRODUCTION & OBJECTIVES

Lipid-lowering drugs are among the most widely used drugs in cardiovascular prevention. Statins are often abandoned, due to side effects, or under dosed, leading to unreached LDL-cholesterol goals and increased occurrence of cardiovascular events.

We investigated if lipid management guidelines are sufficiently implemented in clinical practice, when arriving with an acute stroke at our stroke center.

METHODS

Patients hospitalized (May-June 2021) in our stroke center with possible ischemic stroke or transient ischemic attack (TIA) were included retrospectively. Of 92 patients, low density lipoprotein cholesterol (LDL-C) levels and lipid lowering therapy at admission and discharge were assessed. Their LDL-C target before the current event was calculated based on their cardiovascular risk factors and co-morbidity according to the most recent European guidelines.

CONCLUSION

In this study, LDL-cholesterol was insufficiently managed according to international guidelines for prevention of ischemic stroke. Further optimization of lipid management in primary and secondary prevention and the use of higher intensity lipid lowering therapy in clinical practice is mandatory.

RESULTS

1/ Upon admission, 8 patients were treated with low, 25 moderate, and 19 high intensity lipid-lowering therapy. Total of 75 patients had <u>insufficiently managed LDL-cholesterol levels</u>, although most of them were on lipid lowering therapy. Only 7 of 19 patients on high intensity lipid lowering therapy showed a well-controlled LDL-C.

2/ During hospitalization 40 patients were <u>switched to a high-intensity statin</u>. Thirty-three patients switched from no treatment or a lower-intensity to a moderate-intensity lipid lowering therapy. Three were dismissed with low-intensity lipid lowering therapy, and five in association with Ezetimibe.

3/ Three patients had documented statin-intolerance.

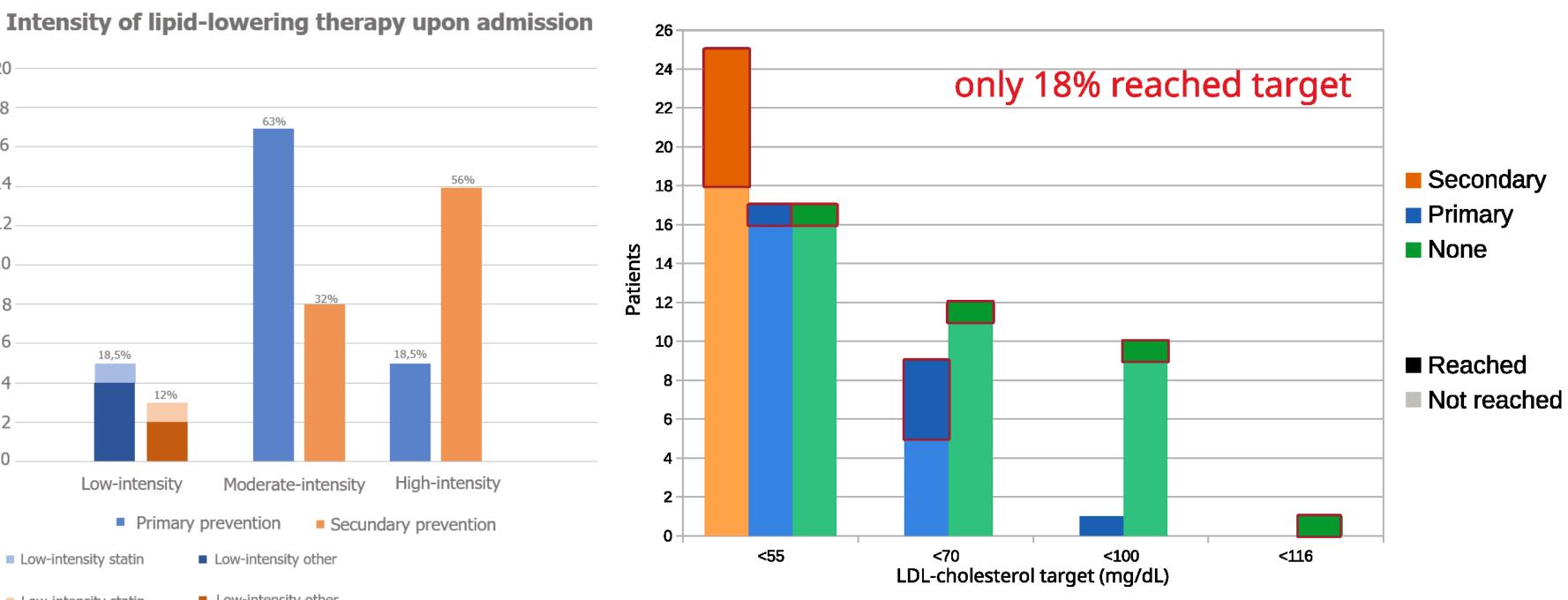


Figure 1: Intensity of lipid-lowering therapy upon admission: X-axis: cholesterol lowering therapy intensity category. Y-axis: number of patients.

Figure 2: LDL-Cholesterol levels at admission: Visualization of the cholesterol levels at admission and the proportion of patient who reached their cholesterol target. X-axis: LDL-C target category based on cardiovascular risk profile. Y-axis: number of patients.