



## Prevention and Health Promotion

### LIPID LOWERING THERAPY AND ATTAINMENT OF LIPID GOALS ACCORDING TO 2018 ACC/AHA AND 2019 ESC/EAS GUIDELINES ON PATIENTS WITH ASCVD ON A REAL-WORLD MEXICAN POPULATION

Poster Contributions

For exact presentation time, refer to the online ACC.22 Program Planner at <https://www.abstractsonline.com/pp8/#!/10461>

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**Background:** Cardiovascular disease has an especially high mortality in low and middle income countries. Lipid lowering therapy (LLT) is one of the standard of care for clinical ASCVD. There are some discrepancies among guidelines for the recommended lipid goals. The use of LLT is largely unstudied in Mexico.

**Methods:** The Mexican Registry of Cardiovascular Disease (REMECAR) is a national multicentre registry to assess cardiovascular disease in real-world clinical practice. The present interim analysis included 1,432 patients with ASCVD (myocardial infarction, percutaneous coronary intervention or coronary bypass, unstable angina, stroke, or peripheral arterial disease), enrolled between January 2016 and September 2021 from public and private specialized clinics across Mexico. The data reported corresponds to the status at the time of the registry enrolment.

**Results:** Overall, 70.1% of the population were on at least one LLT. The mean LDL-c was  $90.9 \pm 40.7$ . One third of the population (33.4%) achieved the LDL-c goal recommended by the 2018 ACC/AHA guidelines, when 2019 ESC/EAS goals were applied, only 19.3% were considered to achieve target LDL-c goal. Patients that achieved stricter goals had a higher proportion of myocardial infarction and PCI. When analysing the non-HDL as a secondary goal, 63.7% of the population reached the 2018 ACC/AHA and 49.1% reached 2019 ESC/EAS guidelines. Importantly, 27.5% were on moderate intensity statin\* (LDL-c  $82.6 \pm 34.8$ ), while 35.0% on high-intensity statin\* (LDL-c  $78.0 \pm 37.1$ ) and only 0.8% of them were on PCSK9i\* (LDL-c  $38.5 \pm 22.8$ ) (\*monotherapy or combination therapy).

**Conclusion:** A substantial proportion of patients did not achieve any of the LDL-c recommended goals despite LLT. The lack of country-specific adjusted goals and the gap between guideline recommendations are one of the key barriers for lipid management in Mexico. However, more than one third of the patients did not receive moderate or high intensity statin recommended by both guidelines for this high risk population. Our results, underline the urgent need to intensify the LLT in high risk patients as the current management appears to be insufficient to achieve the optimal recommended goals.