Ezetimibe/Simvastatin ups clinical outcomes in IMPROVE-IT

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(HealthDay)—Lipid-lowering therapy with ezetimibe plus simvastatin is

associated with improved clinical outcomes, with a reduction in total primary end point (PEP) events, according to a study published in the Feb. 2 issue of the *Journal of the American College of Cardiology*.

Noting that ezetimibe/simvastatin therapy in the Improved Reduction of Outcomes: Vytorin Efficacy International Trial (IMPROVE-IT) significantly reduced the first PEPs in patients after acute coronary syndromes, Sabina A. Murphy, M.P.H., from Brigham and Women's Hospital in Boston, and colleagues examined whether total PEP events would also be reduced. They examined all PEP events during a median of six years of follow-up in 18,144 patients randomized to ezetimibe/simvastatin or placebo/simvastatin.

The researcher found that there were 9,545 total PEP events (56 percent first events; 44 percent subsequent events). Compared with placebo/simvastatin, there was a reduction in total PEP events with ezetimibe/simvastatin (incidence-rate ratio [RR], 0.91; P = 0.007), and reductions in the three pre-specified secondary composite end points and the exploratory composite end point of cardiovascular (CV) death, myocardial infarction (MI), or stroke (RR, 0.88; P = 0.002). Decreases in total nonfatal MI and total nonfatal stroke drove the reduction in total events (RRs, 0.87 [P = 0.004] and 0.77 [P = 0.005], respectively).

"These data support continuation of intensive combination lipid-lowering therapy after an initial CV event," the authors write.

Several authors disclosed financial ties to biopharmaceutical companies, including Merck, which manufactures ezetimibe/simvastatin and funded the IMPROVE-IT study.

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