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CLINICAL RESEARCH

Assessment of lipid-lowering treatment in France — The CEPHEUS study

Évaluation du traitement hypolipidémiant en France — l'étude CEPHEUS

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Summary
Objective. — Most evidence-based practice guidelines identify low-density lipoprotein cholesterol (LDL-C) as the primary target of cholesterol-lowering therapy; the optimal LDL-C concentration is based on the patient's individual risk level. The aim of this study was to determine the proportion of patients on lipid-lowering drugs who reach the LDL-C goals recommended in guidelines.
Methods. — The CEPHEUS study was conducted in eight European countries in patients, who had been treated with lipid-lowering drugs for at least three months, with no dose adjustment for a minimum of six weeks. In France, throughout 2006, 560 general practitioners enrolled 2222 patients into the study, 1966 of whom gave a fasting blood sample. Lipid and glucose parameters were measured centrally.
Results. — Patients had been on treatment for a mean of 5.5 ± 5.7 years. Most patients (90.4%) received a single lipid-lowering drug; 84.9% were treated with statins, and the second most frequently used lipid-lowering drugs were fibrates (13.7%). Among the treated subjects, 50% had LDL-C values >3.0 mmol/L, 30% had triglyceride values >1.7 mmol/L and 10% had HDL cholesterol values < 1.1 mmol/L. In high-risk patients, as defined by French guidelines, over 55% were above the recommended goal of 2.6 mmol/L. In the subgroup of high-risk patients who did not reach the goals, the LDL-C values were 0.7—1.4 mmol/L over the recommended concentration.

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Conclusion. — The results of this survey highlight the suboptimal management of hypercholesterolaemia in France, particularly in the high-risk population, in whom the percentage who achieved the LDL-C goals was the lowest.

MOTS CLÉS
Recommandations ;
LDL cholestérol ;
Traitements hypolipémiants ;
Statines ;
France

Résumé
But de l'étude. — La plupart des recommandations identifient le LDL-cholestérol (LDL-C) comme cible thérapeutique des agents hypolipémiants et recommandent des objectifs de LDL-C basés sur la catégorie de risque à laquelle appartient le patient. Le but de cette étude a été d'évaluer la proportion de patients sous traitement hypolipémiant atteignant les seuils de LDL-C recommandés.
Méthodes. — Cette étude porte sur des patients sous traitement hypolipémiant depuis au moins trois mois sans changement de dose depuis au moins six semaines. Cette étude a été menée dans huit pays européens. En France, 560 médecins généralistes ont inclus 2222 patients en 2006. Parmi les patients qui ont consenti à participer, 1966 ont eu un prélèvement biologique à jeun. Les paramètres lipidiques et la glycémie ont été mesurés de manière centralisée.
Résultats. — Les patients étaient traités en moyenne depuis 5,5 ± 5,7 ans. La plupart des patients (90,4 %) ont reçu une monothérapie hypolipémiante ; 84,9 % étaient traités par statine, le second hypolipémiant le plus fréquemment utilisé était représenté par les fibrates (13,7 %). Parmi ces sujets traités, 50 % avaient des valeurs de LDL-C au-dessus de 3,0 mmol/L, 30 % avaient des valeurs de triglycérides au-dessus de 1,7 mmol/L et 10 % avaient des valeurs de HDL-cholestérol en dessous de 1,1 mmol/L. Chez les sujets à haut risque défini selon les recommandations françaises, plus de 55 % des patients se situaient au-dessus de la valeur recommandée de LDL-C de 2,6 mmol/L. Dans le sous-échantillon des sujets à haut risque qui n'avaient pas atteint l'objectif recommandé, les valeurs de LDL-C étaient de 0,7 à 1,4 mmol/L plus élevées que les valeurs recommandées.
Conclusion. — Cette étude montre le contrôle sous-optimal de l'hypercholestérolémie en France et ce, plus particulièrement chez les sujets à haut risque cardiovasculaire qui atteignent moins frequemment les valeurs seuils recommandées.

Abbreviations

Afssaps	Agence française de sécurité sanitaire des produits de santé
CVD	cardiovascular disease
HDL-C	high-density lipoprotein cholesterol
LDL-C	low-density lipoprotein cholesterol
TC	total cholesterol
TJETF	Third Joint European Task Force

Background

Prevention of cardiovascular disease in an individual patient is based on simultaneous management of all of their risk factors. Preventive actions show the greatest degree of benefit when the risk of cardiovascular events is high. The most recent guidelines from the European Society of Cardiology have reasserted the need to control all risk factors, especially in high-risk patients [1]. These guidelines recommend that the concentration of low-density lipoprotein cholesterol (LDL-C) remains below 3 mmol/L. In France, guidelines on lipid management are published regularly by the Agence française de sécurité sanitaire des produits de santé (Afssaps) [2]. Thus it is important to evaluate contemporary clinical practice patterns relating to these guidelines, in order to ensure that patients benefit from the latest improvements seen in the management of dyslipidaemia-induced cardiovascular risk.

Quantitative evaluation of plasma lipid concentrations is fundamental for the accurate assessment of medical practice and its appropriateness with regard to guidelines. The distribution of lipids levels in a representative sample of the French population on lipid-lowering therapy, and the evaluation of lipid-lowering drugs in relation to the 2000 Afssaps guidelines, became available for the first time in the Suivi des pratiques vers les objectifs thérapeutiques (SPOT) study [3]. A new recommendation for lipid management was issued by Afssaps in March 2005 [2]. Thus, the multinational European CEPHEUS study was carried out to assess the agreement between results obtained with lipid-lowering drugs in France and the Afssaps guidelines issued in 2005, with a precise and centralized quantification of plasma lipids.

Methods

''CEPHEUS'' was a multinational survey conducted in eight European countries: Belgium, France, Greece, Ireland, the Netherlands, Finland, Turkey and Luxembourg. To obtain a representative sample of subjects on lipid-lowering treatment, individuals were randomly invited to participate.

In France, the study protocol and informed consent form were approved on 5 May 2006 by the Toulouse-2 Comité consultatif de protection des personnes dans la recherche