

Accepted Manuscript

Management of patients with statin intolerance

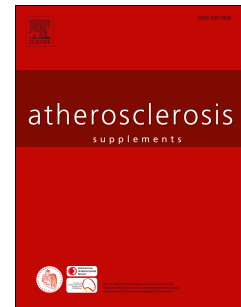
Sabine Fischer, Ulrich Julius

PII: S1567-5688(17)30055-7

DOI: [10.1016/j.atherosclerosissup.2017.05.013](https://doi.org/10.1016/j.atherosclerosissup.2017.05.013)

Reference: ATHSUP 305

To appear in: *Atherosclerosis (Supplements) (Component)*



Please cite this article as: Fischer S, Julius U, Management of patients with statin intolerance, *Atherosclerosis (Supplements) (Component)* (2017), doi: 10.1016/j.atherosclerosissup.2017.05.013.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Management of patients with statin intolerance

Sabine Fischer*, Ulrich Julius

Lipidology, Department of Internal Medicine III, University Hospital Dresden Carl Gustav Carus at the Technische Universität Dresden, Fetscherstr 74, 01307 Dresden, Germany

Corresponding author:

*Sabine Fischer

Department of Internal Medicine III, University Hospital Dresden Carl Gustav Carus at the Technische Universität Dresden, Fetscherstr 74, 01307 Dresden, Germany

Phone 0049-351-4583701

Fax 0049-351-4585324

sabine.fischer@uniklinikum-dresden.de

Key Words: statins, statin intolerance, ezetimibe, bile acid sequestrants, PCSK9 inhibitors, lipoprotein apheresis

Number of tables (on separate pages): 1

Abstract

In recent years statins have become an established option in lipid-lowering pharmacotherapy despite the fact that statin intolerance is fairly common. When muscle pains and/or an elevation of the creatine kinase appear, the dose must be lowered in patients with slight symptoms or stopped altogether if the symptoms are more severe. When the symptoms are alleviated and creatine kinase is normalized, re-exposition can be considered. If symptoms recur, treatment with another statin should be attempted – in these cases pravastatin or fluvastatin are recommended, although they are less effective in reducing LDL cholesterol. As a rule, at least 3 statins should be tested. In some patients an intake of atorvastatin or rosuvastatin twice weekly may be tolerated and effective. Alternative drugs for patients who cannot tolerate any of the statins are ezetimibe and/or bile acid sequestrants. If LDL cholesterol targets are not reached, PCSK9 inhibitors may be used. In high-risk patients with multiple cardio-vascular events and sub-optimal LDL cholesterol despite lipid-lowering drug therapy a lipoprotein apheresis should be started. In this context, we present the history of a patient, who also had high lipoprotein (a) levels, for whom lipoprotein apheresis therapy was indicated.

Download English Version:

<https://daneshyari.com/en/article/8657250>

Download Persian Version:

<https://daneshyari.com/article/8657250>

[Daneshyari.com](https://daneshyari.com)