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IN BRIEF

Adding Ezetimibe to a Statin Improves Clinical Outcomes

Combining a statin with another drug that lowers low-density lipoprotein cholesterol (LDL-C), such as colesvelam (*Welchol*), niacin (*Niaspan*, and others), or ezetimibe (*Zetia*), can reduce LDL-C levels more than a statin alone, but studies convincingly demonstrating that such combinations improve clinical outcomes have been lacking. The results of a long-term randomized, double-blind clinical trial (IMPROVE-IT) recently presented at the American Heart Association's Scientific Sessions 2014 indicate that addition of ezetimibe to simvastatin in high-risk patients reduces cardiovascular events.¹

IMPROVE-IT compared the efficacy of simvastatin 40 mg plus placebo with that of simvastatin 40 mg plus ezetimibe 10 mg (*Vytorin*) in preventing the primary endpoint, a composite of cardiovascular events (cardiovascular death, MI, hospital admission for unstable angina, coronary revascularization, or stroke) in patients with acute coronary syndrome and normal LDL-C levels (≤ 125 mg/dL; mean 95 mg/dL). After one year, mean LDL-C was reduced further with the addition of ezetimibe (to 53.2 vs. 69.9 mg/dL with simvastatin alone). After 7 years, 2742 events had occurred among the 9077 patients taking simvastatin plus placebo and 2572 among the 9067 taking simvastatin plus ezetimibe (event rate: 34.7% vs. 32.7%; $p = 0.016$). There was no significant difference between the 2 groups in noncardiovascular adverse events, including gallbladder-related events, myopathy, or cancer. ■

1. C Cannon et al. IMPROVED Reduction of Outcomes: Vytorin Efficacy International Trial. Available at www.timi.org/index.php?page=improve-it-timi-40. Accessed November 21, 2014.

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