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THE USE OF STATINS AND DRUGS THAT INHIBIT THE ABSORPTION OF CHOLESTEROL IN PATIENTS WITH CORONARY HEART DISEASE

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ANNOATTON

Dyslipidemia is one of the main risk factors for the development of coronary artery disease. Epidemiological studies in recent years have shown a direct correlation between lipid metabolism disorders and the risk of developing cardiovascular complications. In this regard, it has been proven that the appointment of lipid-lowering therapy not only removes the level of cholesterol, but also prevents the development of both primary and repeated heart attacks and strokes, etc. Improves the quality and prognosis of patients' life.

Keywords: cardiovascular complication, lipid metabolism disorders, level of cholesterol, prognosis of the disease.

RELEVANCE

At the same time, not all cholesterol-lowering drugs have an influence on the prognosis of the disease. While advocating for the use of lipid-lowering drugs in all patients with coronary artery disease, I would like to especially highlight among them a group of patients who, due to medical and other indicators, cannot undergo such treatment methods in the near future. as coronary artery bypass grafting (CABG) or percutaneous transluminal coronary angioplasty (PTCA).
At the same time, in some patients it is not always possible to achieve a good lipid-lowering effect only with statins, and an increase in the dose of the drug often leads to the development of side effects. In addition, some patients do not always adhere to a strict cholesterol-lowering diet, which dictates the need for the use of drugs that prevent the absorption of cholesterol in the intestine. In a series of classical studies, it was shown that ezetimibe reduced the absorption of cholesterol in the intestine by an average of 54% compared with placebo; in addition, there are studies on the use of simvostatin in combination with ezetimibe, where the hypolipidemic effect of this combination is shown. with ischemic heart disease statins in combination with drugs that interfere with the absorption of cholesterol in the small intestine, in particular ezetimibe.

Keywords: Dyslipidemia, rosulip plus, ezetimibe, ischemic heart disease.

PURPOSE OF THE STUDY

In this regard, the purpose of our study was: To assess the efficacy and safety of using a new drug, rosulip plus, containing rosuvostatin isetimibe in patients with documented coronary artery disease.

MATERIAL AND METHODS

The study included 26 patients aged from 48 to 76 years (mean age 61 ± 6.3) who had a reliable previous Q-forming myocardial infarction or coronary angiography with a detected occlusion of at least one coronary artery> 50% and clinical manifestations of angina pectoris, in which statin therapy alone did not give the desired lipid-lowering effect. The study did not include patients who were on treatment with other drugs of the statin group for one month before the start of the study, patients with liver disease in the active phase or with a persistent increase in ALT, AST levels (more than 3 times compared with the norm), with a violation skeletal muscle tone with an increase in the CPK level (more than 10 times compared to the norm). Acute cerebrovascular accident within 3 months before the start of the study, alcohol abuse, potential pregnancy, severe obesity (body mass index> 35), taking other lipid-lowering drugs, immunosuppressants, indirect anticoagulants. All patients on statins went through a one-month washout period. The following indicators were determined: total cholesterol, HDL cholesterol, LDL cholesterol, triglycerides, ALT, AST, CPK, glucose and creatinine. At the same time, four patients have already undergone a history of CABG or PTCA surgery. 69.9% of patients had postinfarction cardiosclerosis; 78.3% of patients had stable angina pectoris II-IV according to the Canadian classification and / or unstable angina pectoris. Rosulip plus was prescribed to patients at a dose of 10 mg rosuvostatin + 10 mg ezetimibe and 20 mg rosuvostatin + 10 mg ezetimibe, respectively, within 3 months. Since all patients had already documented coronary artery disease, the initial dose of the drug was 10 mg / 10 mg per day, and then, if necessary, the dose of the drug was increased up to 20mg / 10mg every 3-4 weeks.

RESULTS AND ITS DISCUSSION

Against the background of the therapy, there was a statistically significant decrease in the levels of AC by 26%, LDL cholesterol - by 34.2%, TG - by 25.9% ($p < 0.001$). HDL cholesterol level increased by 10.8%. Therapy with Rosulip plus was also accompanied by a decrease in the frequency of angina attacks and the need for nitroglycerin. So, in 83% of patients taking nitroglycerin, it was possible to reduce the need for its intake by a third.

The target cholesterol level was achieved using a dose of 10 mg / 10 mg in 8 patients (31%); in 18 patients (66%), the dose was increased from 4 weeks to 20 mg / 10 mg.

The drug was well tolerated by patients. In one patient, after 4 weeks of taking the drug, more than a threefold increase in the level of AST and ALT was noted, and therefore therapy was discontinued. On re-examination after 7 days, the level of enzymes returned to normal and, against the background of renewed therapy at a dose of 10 mg / 10 mg per day, remained within the normal range.

One patient had a feeling of heat that arose on the 2nd day of taking the drug, but did not recur with its subsequent use.

CONCLUSIONS

This study confirmed the high efficacy of the drug rosulip plus for the secondary prevention of coronary artery disease. Its use in an adequate dosage makes it possible to achieve a significant

decrease in lipid metabolism in patients with coronary artery disease in whom it is not possible to reduce hyperlipidemia only with statins.

Therapy with rosulup plus was safe and was not accompanied in our observations by the development of any life-threatening complications. To assess the effectiveness of its administration, dose adjustment and prevent the development of adverse reactions, after 1 month, and then every 3-6 months, it is advisable to monitor the lipid profile and liver enzymes.

REZUME

The article examines the effect of the combined use of statins and drugs that inhibit the absorption of cholesterol in patients with documented coronary artery disease. All patients were prescribed Rosulip plus at a dose of 10mg rosuvostatin + 10mg ezetimibe and 20mg rosuvostatin + 10mg ezetimibe, respectively, lipid metabolism significantly improved against the background of the therapy. The drug was well tolerated by patients. The study confirmed the high efficacy of the drug for the secondary prevention of coronary artery disease in patients who fail to reduce hyperlipidemia with statins alone.

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