Conferencias y Simposios

SIMPOSIO 16: Diagnóstico y manejo de la dislipidemia diabética

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Tratamiento farmacológico (estatinas y combinación de fármacos)

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Las estatinas constituyen el tratamiento farmacológico indiscutido de la dislipidemia diabética.

Las guías recomiendan utilizar estatinas de moderada a alta intensidad como primera línea de tratamiento, dado que reducen el riesgo cardiovascular más allá del nivel de LDL-c. Sin embargo, aún recibiendo dosis máximas de estos fármacos, no todos logran las metas establecidas de LDL-c. Muchos pacientes requerirán agregar agentes hipolipemiantes no estatínicos a modo de tratamiento combinado.

Previo a la publicación del estudio IMPROVE-IT en 2015, no había suficiente evidencia que un agente no estatínico tuviera beneficios cardiovasculares. Este estudio demostró que el agregado de ezetimibe (un inhibidor de la absorción del colesterol) a una estatina sumaba no sólo una reducción del LDL-c, sino que además agregaba beneficios en cuanto a eventos cardiovasculares.

Posteriormente la FDA, en base a estudios ODISSEY y OSLER, aprobó el uso de inhibidores de PCSK-9 como alirocumab y evolocumab para personas con enfermedad cardiovascular establecida que no logren objetivos de LDL con estatinas. Con los resultados del FOURIER (evolicumab), el Colegio Americano de Cardiología (ACC) publicó una recomendación de uso de ezetimibe o inhibidores de PCSK-9 agregadas a dosis máximas toleradas de estatinas para prevención secundaria en pacientes de riesgo.

Los agentes a utilizar combinados con estatinas pueden ser: ezetimibe, I-PCSK-9, fibratos, niacina, secuestrantes de ácidos biliares, omega-3 y fitoesteroles, no todos disponibles en nuestro país.

Existen distintos algoritmos que proponen el agregado de otros hipolipemiantes partiendo del nivel inicial de triglicéridos, teniendo en cuenta el LDL alcanzado con dosis máxima de estatinas y el riesgo CV del paciente. Si el nivel de triglicéridos es menor a 500 mg la segunda droga se circunscribe a ezetimibe o a I-PCSK-9. Cuando los TG son más elevados, el control glucémico es fundamental y se pueden considerar los fibratos (preferiblemente fenofibrato) y omega-3.

La combinación de fármacos entre sí o el agregado de otras drogas dependerá del riesgo CV y los niveles de lípidos que presente el paciente.

La miopatía es uno de los efectos adversos más frecuentes de las estatinas y suelen ser la causa de la limitación de la dosis a utilizar. No siempre se llega a la dosis máxima deseada.

Las propiedades farmacocinéticas de las estatinas juegan un rol fundamental para mejorar la adherencia y reducir efectos adversos. Algunos polimorfismos de transportadores celulares de drogas o de citocromos, así como las interacciones medicamentosas, también deben tenerse presente para mejorar la performance de estas drogas.

Palabras clave: tratamiento farmacológico; diabetes.

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SYMPOSIUM 16: Diagnosis and management of diabetic dyslipidemia

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Pharmacological treatment (statins and drug combination)

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Statins constitute the undisputed pharmacological treatment of the diabetic dyslipidemia.

Guidelines recommend using statins of moderate to high intensity as the first line of treatment, based on the fact that they reduce cardiovascular risk beyond the LDL cholesterol level.

However, even when receiving maximum doses of this drug, not everyone reaches the target established of LDL cholesterol. Many patients need to add non-statin lipid-lowering agents for a combined treatment.

Before the publication of the IMPROVE –IT study in 2015, there was not enough evidence that non-statin agents had cardiovascular benefits.

This study showed that adding Ezetimibe (a cholesterol absorption inhibitor) to a statin helped not only to reduce LDL cholesterol, but also added benefits in terms of cardiovascular events.

Later, the FDA, based on the ODISSEY and OSLER studies, approved the use of PCSK9 inhibitors such as Alirocumab and Evolocumab for people with established cardiovascular diseases that don't reach the LDL targets with statins.

With the FOURIER (Evolicumab) results, the American College of Cardiology (ACC) published a recommendation on the use of Ezetimibe or PCSK9 inhibitors added to maximum tolerated doses of statins for secondary prevention in at-risk patients.

The agents that can be used in combination to statins are the following: Ezetimibe, I-PCSK9, Fibrates, Niacin, Bile acid sequestrants, Omega -3 and Phytosterols. Not all of them are available in Argentina.

There are different algorithms that propose the adding of other lipid-lowering drugs, starting from the initial level of triglycerides, taking into account the LDL reached with the maximum dose of statins and the cardiovascular risk of the patient.

If the level of triglycerides is lower than 500 mg, the second drug is defined between Ezetimibe or a PCSK-9 inhibitor.

When the level of triglycerides is higher, glycemic control is fundamental and Fibrates (preferably Fenofibrate) and Omega-3 can be considered.

The combination of the drugs or the adding of other drugs will depend on cardiovascular risk and the level of lipids that the patient exhibits.

Myopathy is one of the most frequent side effects of statins and it tends to be the cause of the limitation of the doses that will be used. Not always the desired maximum dose can be reached. The pharmacokinetic properties of statins play a fundamental role in improving adherence and reducing adverse effects. Some polymorphisms of cellular transporters of drugs and cytochromes and also medical interactions should be present to improve the performance of these drugs.

Key words: pharmacological treatment; diabetes.

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