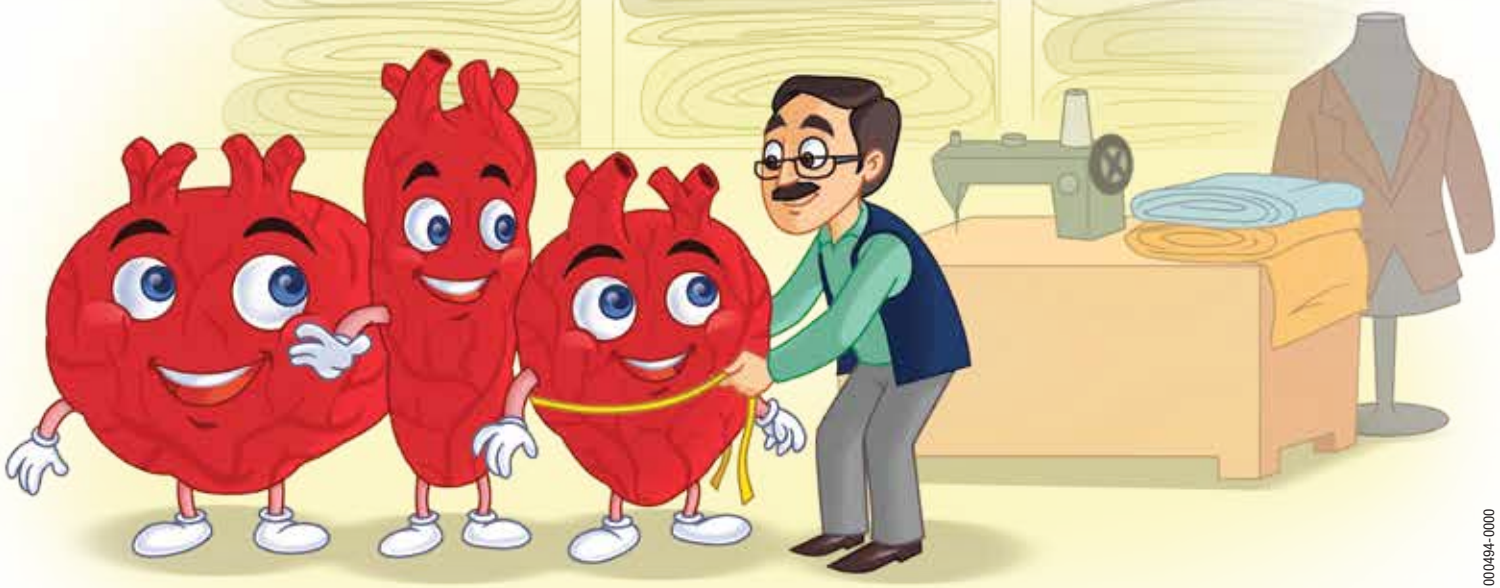
Let your Heart be your Goal…

Tailor your goal according to your Risk Level, it is not just about the numbers anymore.



Lebanese Laboratory Syndicate & AUB American University of Beirut The Vascular Medicine Program

In Collaboration With

MSD

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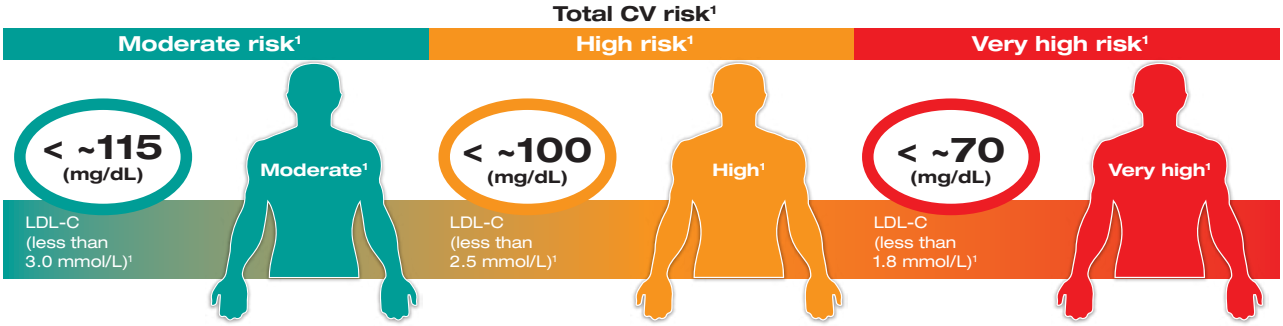
Atherosclerotic cardiovascular disease remains the leading cause of premature death worldwide[1].

Despite the risks, it has been shown that nearly 70% of the very high risk statin treated patients were not at LDL-C goals[1,2].

Recommended LDL-C targets[1*]



Other important target values[1]

- Systolic blood pressure should be lowered to <140 and Diastolic blood pressure <90 mmHg in hypertensive patients (<140/80 for those with diabetes mellitus)[1]
- In patients with diabetes mellitus, the target glycaemia level (HbA_{1c}) is <7% <53)mmol/mol), and <6.5% <48 (mmol/mol) in those with a long history of diabetes[1]

*Or a ≥50% LDL-C reduction when the target level cannot be reached.[1]

*Your LDL target is set according to your cardiovascular risk. Please consult your treating physician to determine your risk level.

1. Perk J et al. European Guidelines on cardiovascular disease prevention in clinical.
2. DYSIS I Study (MSD Data on File).

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- Do you have a documented Cardiovascular Disease?
- Do you have type I or II Diabetes?
- Do you have Chronic Kidney Disease?
- Are you a Smoker?
- Do you have any family history of Cardiovascular Disease?
- Do you have uncontrolled high blood pressure?[1]

If you answered "yes" to one or more of the above questions then you may consider visiting your treating physician for an assessment of your risk level and to find out more on how your treating Physician may help you.

SCORE and total CV risk level[1,2]

Whilst recognising that total CVD risk ia part of a continuum, European guidelines categorise overall risk based on the SCORE result (10-year risk of fatal CVD) or risk categories.[2] The higher the risk the greater the benefit from preventative efforts.[1]

Total CV risk[1]

Moderate risk[1]	High risk[1]	Very high risk[1]
SCORE (10-year risk of fatal CVD) or risk conditions[1]		
≥1% and <5%[1,a]	≥5% and <10%[1]	≥10%[1]
• Calculated SCORE is ≥1 and <5% at 10 years[1] • Many middle-aged subjects belong to this category[1]	• A calculated SCORE of ≥5 and <10% for 10 year risk of fatal CVD[1] • Markedly elevated single risk factors such as familial dyslipidaemias and severe HT[1] • Diabetes melitus (type 1 or type 2) without CV risk factors or target organ damage[1] • Moderate CKD (GFR 30-59 mL/min/1.73m²)[1]	• A calculated SCORE of ≥10%[1] • Documented CVD, previous MI, ACS, coronary revascularisation (PCI, CABG), and another arterial revascularisation procedures, ischaemic stroke, PAD[1] • Diabetes melitus (type 1 or type 2) with one or more CV risk factors and/ or target organ damage such as microalbuminuria: 30-300 mg/24 h)[1] • Severe CKD (GFR 30 mL/min/1.73m²)[1]

[a]This is further modulated by other risk factors, such as a family history of premature CAD, abdominal obesity, physical exercise pattern, HDL-C, triglycerides, and socio-economic status.[2]
ACS = Acute Coronary Syndrome; CABG = Coronary Artery Bypass Graft; CKD = Chronic Kidney Disease; GFR = Glomerular Fitration Rate; HDL-C = High-Density Lipoprotein Cholesterol
HT = Hypertension: MI = Myocardial Infarction: PCI = Percutaneous Coronary Intervention

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In the Dyslipidemia International Study (DYSIS)

67% of *Very high risk Statin treated patients were not at LDL-C Goal[1,2]

Total number of patients n=617

DYSIS: An epidemiologic, multicenter, cross-sectional, observational study of lipid profiles of 617 statin-treated patients in Lebanon & Jordan

More than half of the very high-risk patients (n=367) were not at LDL-C goal (<70mg/dL) despite at least 3 months of statin therapy[1,2]

* Very High risk = CVD**, Diabetes, and/or SCORE risk ≥10% (Chronic Kidney disease was not documented in DYSIS), LDL ≥ 1.8 mmol/l (<70mg/dL)in patients with CVD, Diabetes and/or SCORE risk ≥10%

** CVD=Cardiovascular disease.

Study Design: DYSIS-Middle East was an epidemiologic, observational, cross-sectional, multicenter study conducted in the UAE, Saudi Arabia, Lebanon and Jordan. Data were collected between December 2011 and April 2012 in local-language case report forms and held at the Institut für Herzinfarktforschung Ludwigshafen, Germany. Prior to study initiation, the relevant local ethical review committees approved the study protocol and patients' informed consent was obtained. A total of 2,182 patients (1,456 men, 724 women) were enrolled, all aged over 45 years, receiving statin treatment for at least three months and having at least one fasting blood lipid profile available while on statins.

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