



OLDER IS WISER: LOW-DENSITY LIPOPROTEIN CHOLESTEROL GOAL ATTAINMENT IN A MULTINATIONAL SURVEY OF DYSLIPIDEMIC PATIENTS: A LIPID TREATMENT ASSESSMENT PROJECT (L-TAP) 2 SUBSTUDY

ACC Poster Contributions

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Background: In L-TAP 2, lipid measurements in 9,955 dyslipidemic subjects in 9 countries in North and South America, Europe and Asia indicated that overall, 73% of them were at goal (Circulation 2009;120:28). The purpose of this substudy was to compare clinical features, risk and goal attainment in patients ≥ 65 and < 65 years of age.

Methods and Results: Lipid levels were determined at enrollment in dyslipidemic adults on stable lipid lowering therapy, which could include lifestyle intervention or drugs; 75% of patients were receiving a statin. Compared to patients age < 65 ($n=5733$), older patients ($n=4193$) were more likely to have diabetes (32.5% vs 30.0%, $p=0.0014$) and hypertension (73.4% vs 57.0%*), to be classified as high risk (68.6% vs 53.2%*) and to be taking a statin (84.4% vs 76.1%*); however, they were less likely to smoke (8.2% vs 17.6%*) or to have the metabolic syndrome (29.0% vs 34.4%*). Older patients had lower LDL-C levels (95.1 vs 103.9 mg/dL*), higher HDL-C levels (54.2 vs 51.5 mg/dL*), and lower triglycerides (141.1 vs 159.2 mg/dL*). Median CRP levels were similar (1.5 mg/dL) in the two age groups. LDL-C goal attainment was assessed according to risk group and regional guidelines. LDL-C success rate was 74.7% in older and 71.4% in younger patients ($p=0.036$). Older patients had higher success rates in low (89.8% vs 84.6%, $p=0.002$), moderate (79.0% vs 71.9%, $p=0.0006$) and high-risk patients (70.5% vs 64.4%*). There was significant interaction by region: older patients were more likely to reach goal in North America (79.7% vs 74.0%*) and Europe (70.0% vs 65.2%, $p=0.006$), than in Latin America or Asia. In a regression model to predict LDL-C goal attainment, statin use was a predictor of success in both older and younger patients ($p<0.001$).

*= $p<0.001$

Conclusion: The clinical profile of older patients is distinctly different than that of younger patients. Although they are more likely to have diabetes and hypertension, they are less likely to smoke or have the metabolic syndrome. Despite their higher risk, their lipid levels are better and they are more likely to attain their LDL-C goal than younger patients, in part due to their greater usage of statins.