

Klinische inertie en het belang van therapietrouw

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Gedreven
door het
leven.

Disclosures



Disclosure belangen spreker

Geen (potentiële) belangenverstremgeling

Voor bijeenkomst relevante relaties

- Sponsoring of onderzoeksgeld
- Honorarium of andere (financiële) vergoeding
- Aandeelhouder
- Andere relatie, namelijk ...

Bedrijfsnamen

- N.v.t.
- Amgen, Novartis
- N.v.t.
- N.v.t.

Definities: welke stelling is juist?



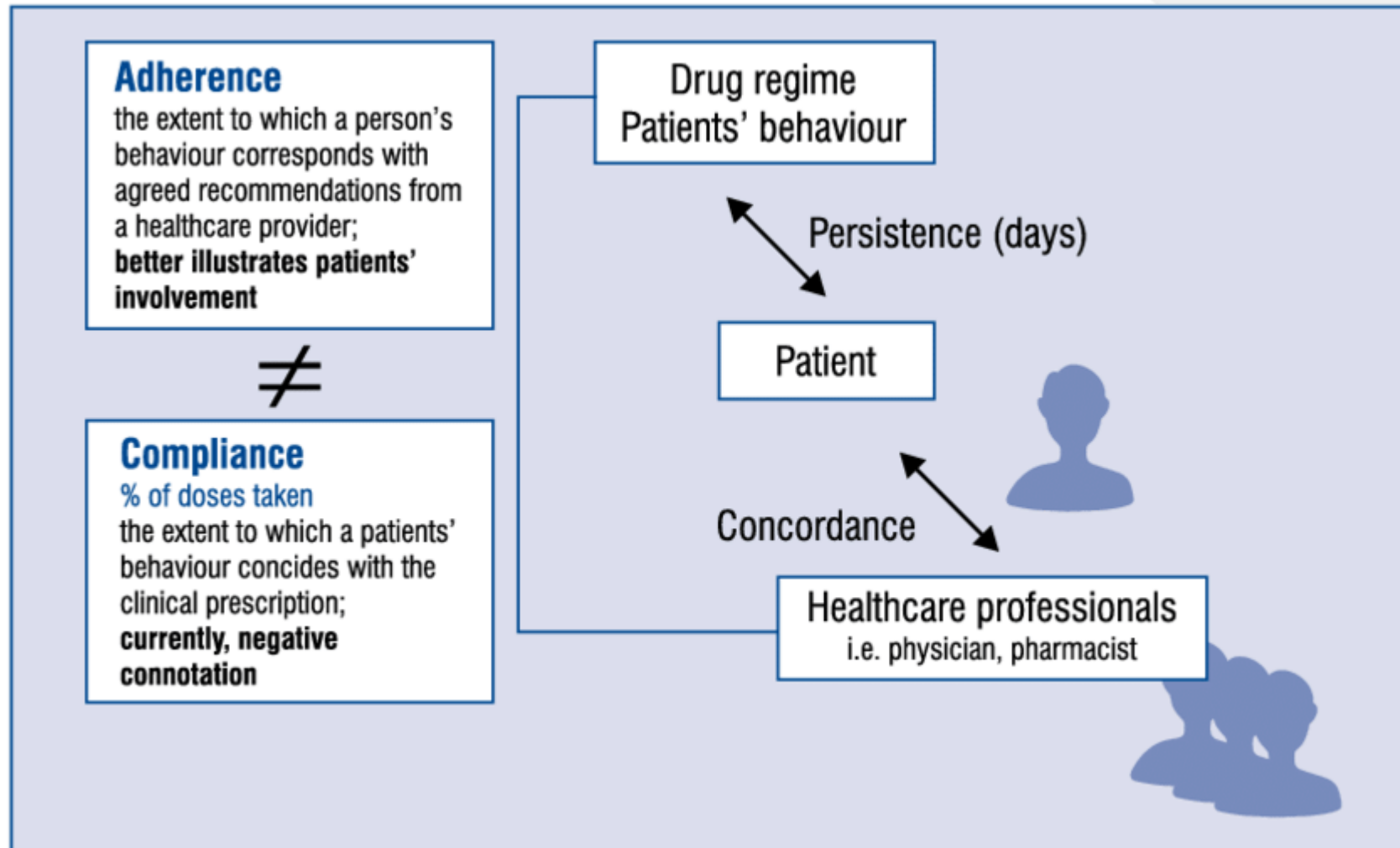
- A. Therapietrouw = adherence
- B. Therapietrouw = compliance
- C. Adherence = compliance
- D. Adherence \neq compliance

Definities: welke stelling is juist?



- A. Therapietrouw = adherence
- B. Therapietrouw = compliance
- C. Adherence = compliance
- D. Adherence ≠ compliance**

Definities



Klinische inertie

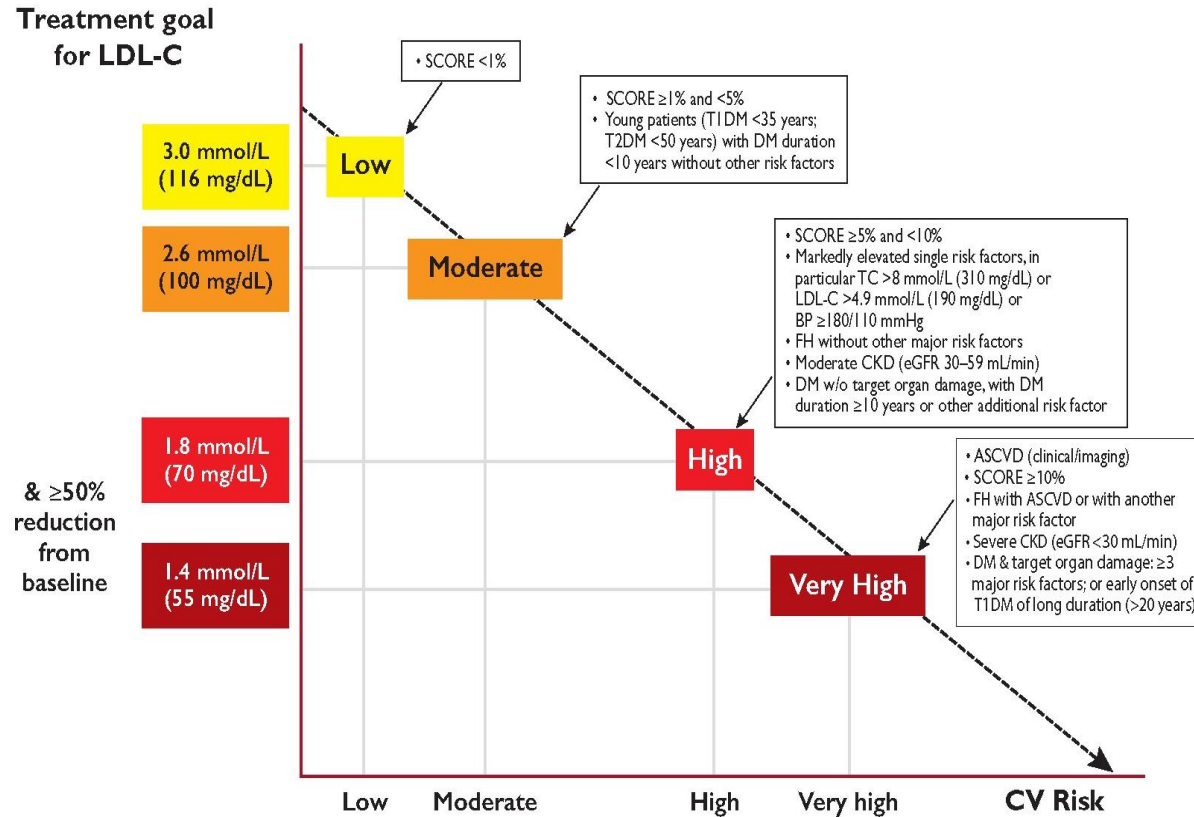


“

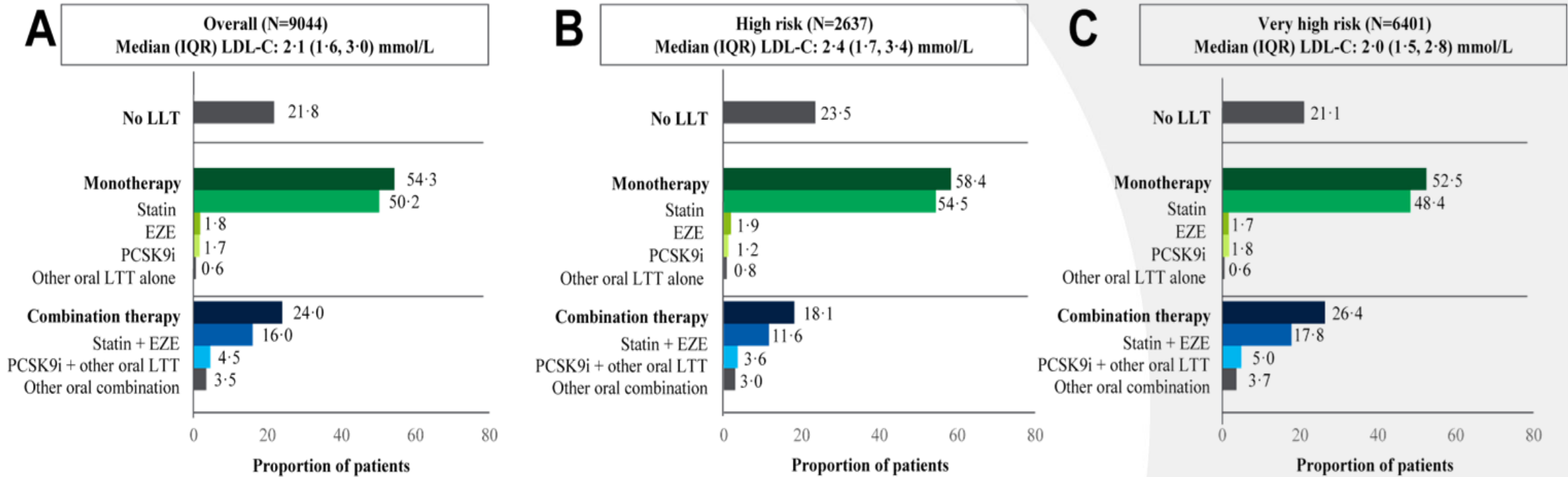
Het niet starten of intensiveren van de therapie volgens de richtlijnen.

”

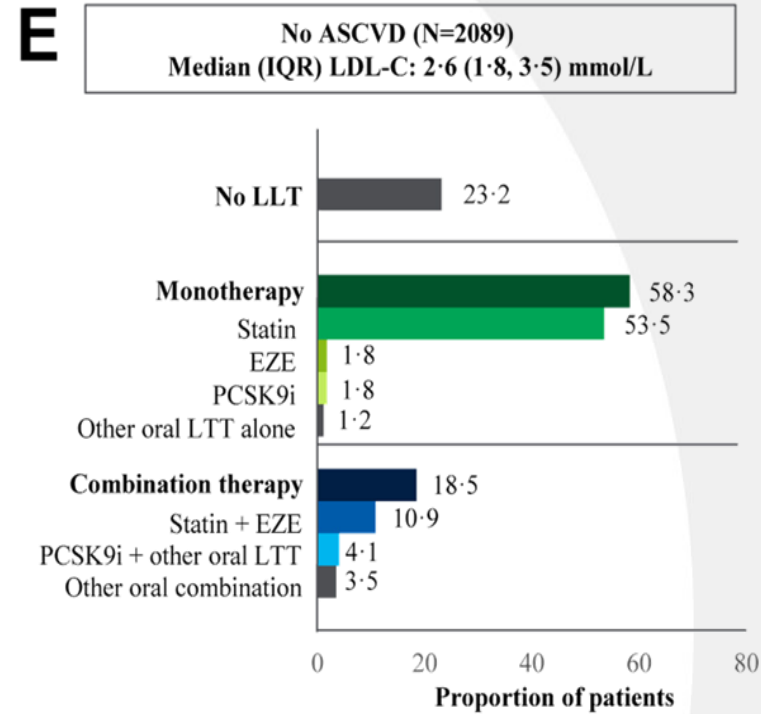
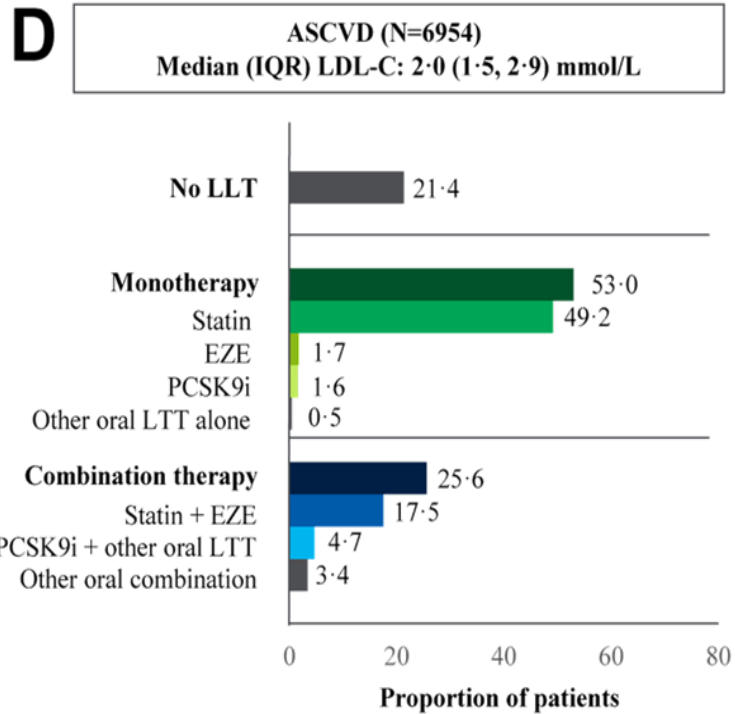
2019 ESC/EAS Guideline Dyslipidemia



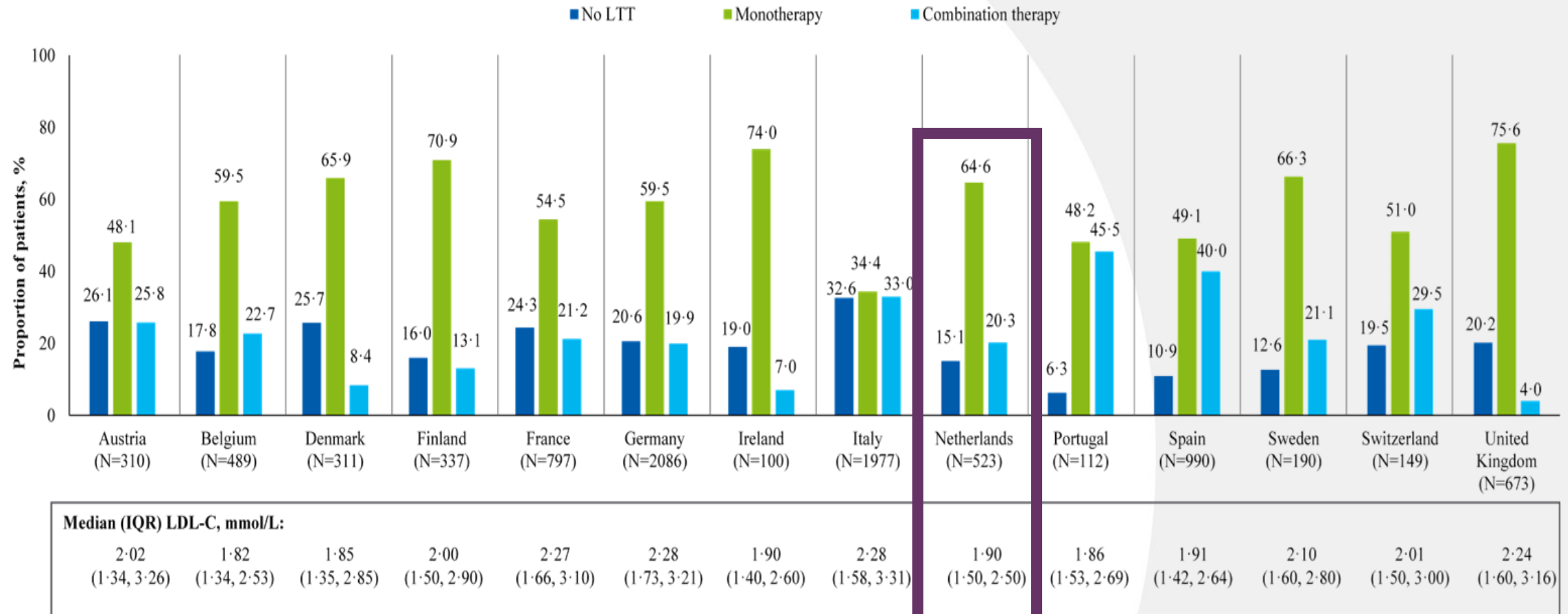
Klinische inertie (SANTORINI)



Klinische inertie (SANTORINI)



Klinische inertie (SANTORINI)



Casus



Mrt 2016



43 jaar



HeFH, géén
atherosclerose of events



atorvastatine 40mg
rosuvastatine 20mg
simvastatine 20-40mg



RR: 110/80mmHg li=re
BMI: 21.6kg/m²



TC	7,6mmol/L
HDL	1,7mmol/L
LDL	5,6mmol/L
TG	0,78mmol/L



HeFH, maar onverdraagbare
spierpijn op statines:
andere opties?



Welke LDL-target stelt u?

- LDL-c <2.6mmol/L
- LDL-c <1.8mmol/L
- LDL-c <1.8mmol/L én >50% reductie van baseline
- LDL-c <1.4mmol/L én >50% reductie van baseline

Casus



Mrt 2016



LDLc <2.6mmol/L
(Nederlandse richtlijn én destijds 2016 ESC/EAS Guideline Dyslipidemia)



Start: pravastatine 10mg 1x daags

Jun 2016



TC 4,75mmol/L
HDL 1,19mmol/L
LDL 3,25mmol/L
TG 0,69mmol/L



Toevoegen: ezetimib 10mg 1x daags

CV Risk Category	LDL-C Goals	
	2016 Guidelines	2019 Guidelines
Very high risk	LDL-C < 1.8 mmol/L OR ≥ 50% reduction if baseline LDL-C is 1.8–3.5 mmol/L	LDL-C < 1.4 mmol/L AND ≥ 50% LDL-C reduction from baseline BUT LDL-C < 1.0 mmol/L when prior event was within <2 years
High risk	LDL-C < 2.6 mmol/L OR ≥ 50% reduction if baseline LDL-C is 2.6–5.2 mmol/L	LDL-C < 1.8 mmol/L AND ≥ 50% LDL-C reduction from baseline
Moderate risk	< 3.0 mmol/L	LDL-C < 2.6 mmol/L
Low risk	< 3.0 mmol/L	LDL-C < 3.0 mmol/L



What is the real-world persistence and adherence to lipid-lowering therapy in Germany? A retrospective analysis of prescription data

Study Design

>62m
Insight Health™
Patient Insight Tool
patient records

~1m
Patients with
dyslipidemia



865,732
Statin Rx



34,490
Ezetimibe Rx

1,940

Anti-PCSK9 mAb Rx



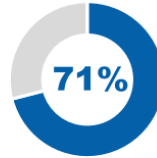
*Analysis period ~45 months

Anti-PCSK9 mAb, anti-proprotein convertase subtilisin/kexin type 9 monoclonal antibody;
LLT, lipid-lowering therapy; Rx, prescription.

Persistence (≤39 months)



Only **~10% of patients persisted with therapy** between 201–300 days



By Day 300, **71% of patients on statins had discontinued therapy**

Persistence rates at 36 months:



20.6% of patients on **statins**
22.3% of patients on **ezetimibe**
and **50.9%** of patients on **anti-PCSK9 mAbs**



Overall persistence was lower in women than in men

Adherence (Proportion of days covered)



Length of treatment over time



Persistence declined over time across all therapy subgroups

Average length of treatment before discontinuation (days):

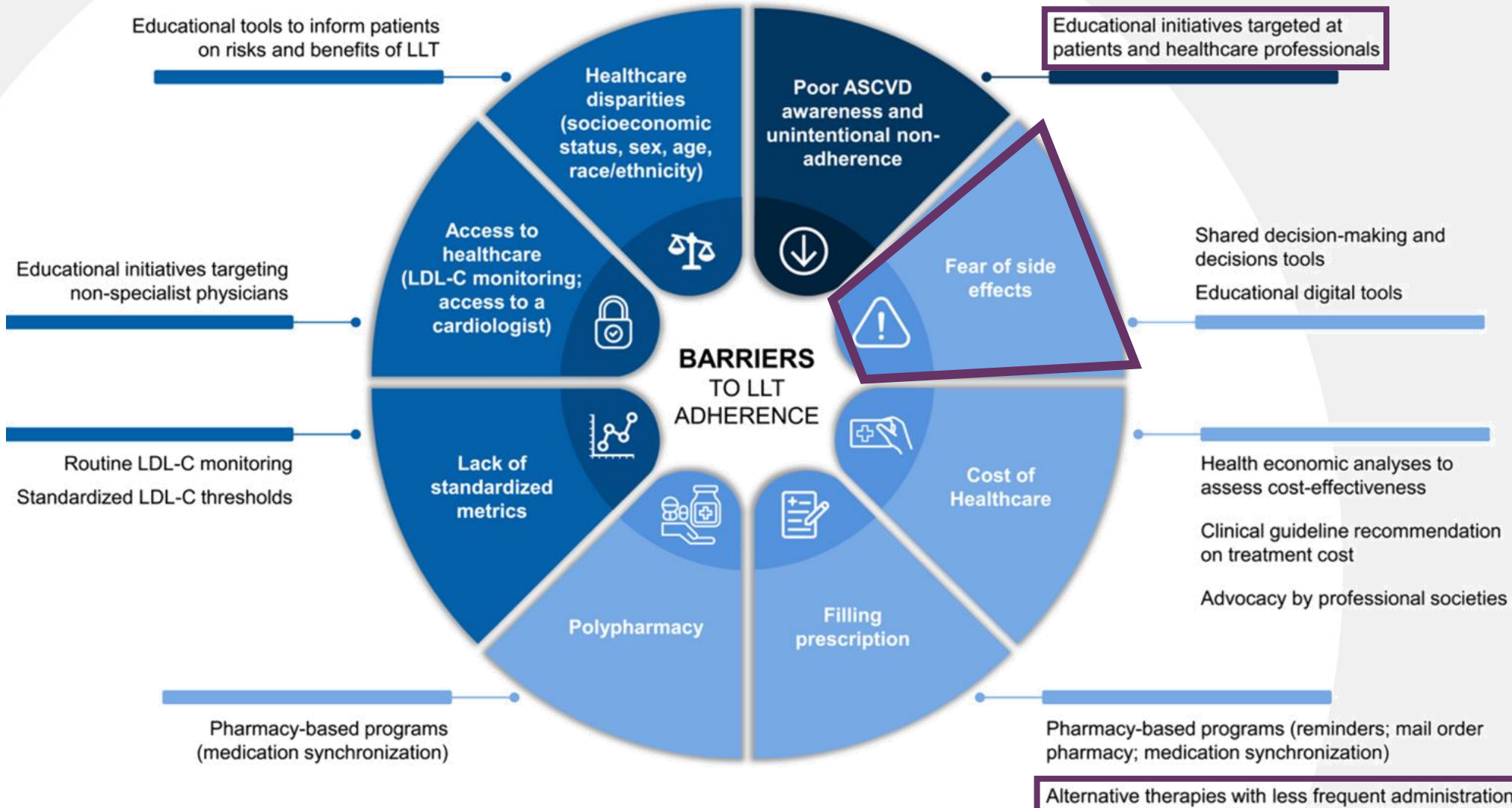


265 with **statins**, **255** with **ezetimibe**
387 with **anti-PCSK9 mAbs**

In patients with dyslipidemia, high non-persistence rates were observed across all LLTs analyzed. Persistence rates were lowest with statins and highest with anti-PCSK9 mAbs at 36 months of treatment.



Barriers to LLT adherence



■ Patient-related factors
 ■ Healthcare system-related factors
 ■ Therapy-related factors

Casus (vervolg)

Dec 2016



pravastatine 10mg
ezetimib 10mg



TC 5,92mmol/L
HDL 1,42mmol/L
LDL 4,21mmol/L
TG 0,65mmol/L



Toevoegen: evolocumab
140mg/ml 1x per 2 weken 1 stuk



LDL-C calculator

Calculator keuze

Behandeleffect Onbehandeld LDL-C

Cholesterolwaarden

LDL-cholesterol (mmol/l): 5.6

Lipidenverlagende medicatie

Statine: geen statine

Statine dosering (mg): 0

Ezetimib? Ja Nee

Bempedoinezuur? Ja Nee

PCSK9 inhibitie? Ja Nee



Verwacht LDL-C
4.4 mmol/l



LDL-C calculator

Calculator keuze

Behandeleffect Onbehandeld LDL-C

Cholesterolwaarden

LDL-cholesterol (mmol/l): 5.6

Lipidenverlagende medicatie

Statine: geen statine

Statine dosering (mg): 0

Ezetimib? Ja Nee

Bempedoinezuur? Ja Nee

PCSK9 inhibitie? Ja Nee



Verwacht LDL-C
1.7 mmol/l

Casus (vervolg)



Mei 2017



ezetimib 10mg
evolocumab 140mg



TC 3,65mmol/L
HDL 1,48mmol/L
LDL 1,92mmol/L
TG 0,46mmol/L
ApoB 0,63g/L

Mei 2018



Urticaria en angio-oedeem op evolocumab
(uiteindelijk bewezen allergie bij allergoloog)

Hoe nu verder?



- Monotherapie ezetimib door?
- Herintroduceren statine:
 - Low-intensity?
 - Moderate-intensity?
 - High-intensity?
- Alirocumab proberen?



Casus (vervolg)

Jun 2019



Diagnose fibromyalgie gesteld door reumatoloog



(Her)start: pravastatine 10mg 1x daags naast ezetimib



Wisselende adherence door spierklachten
Onvoldoende regulatie van haar lipiden

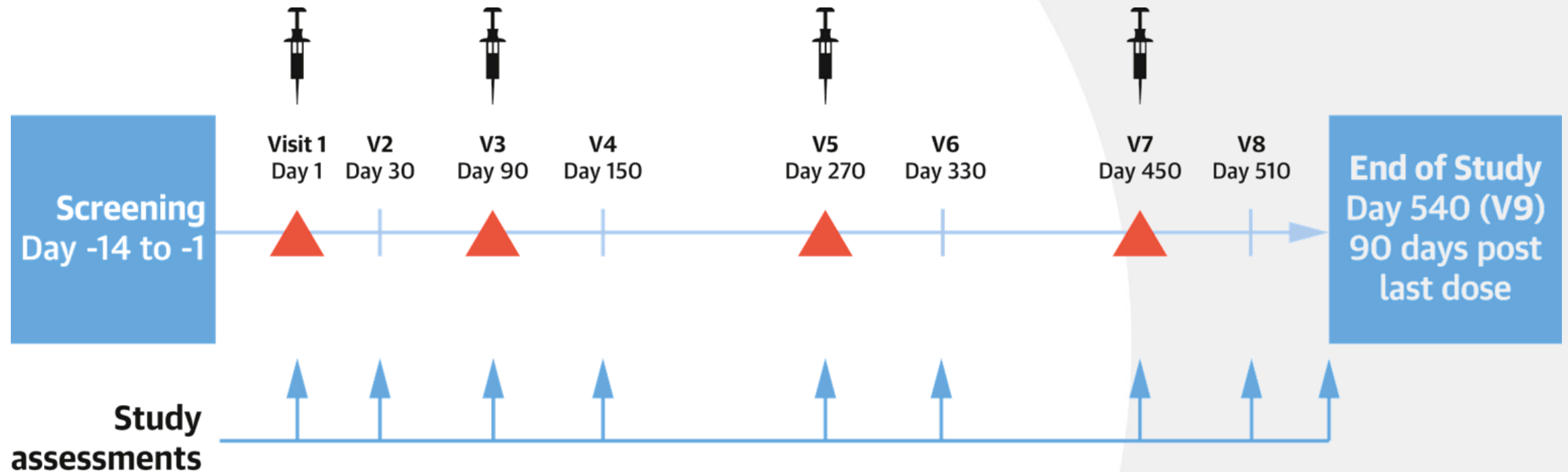
Dec 2022



Definitieve stop statine: "dit gaat niet meer".

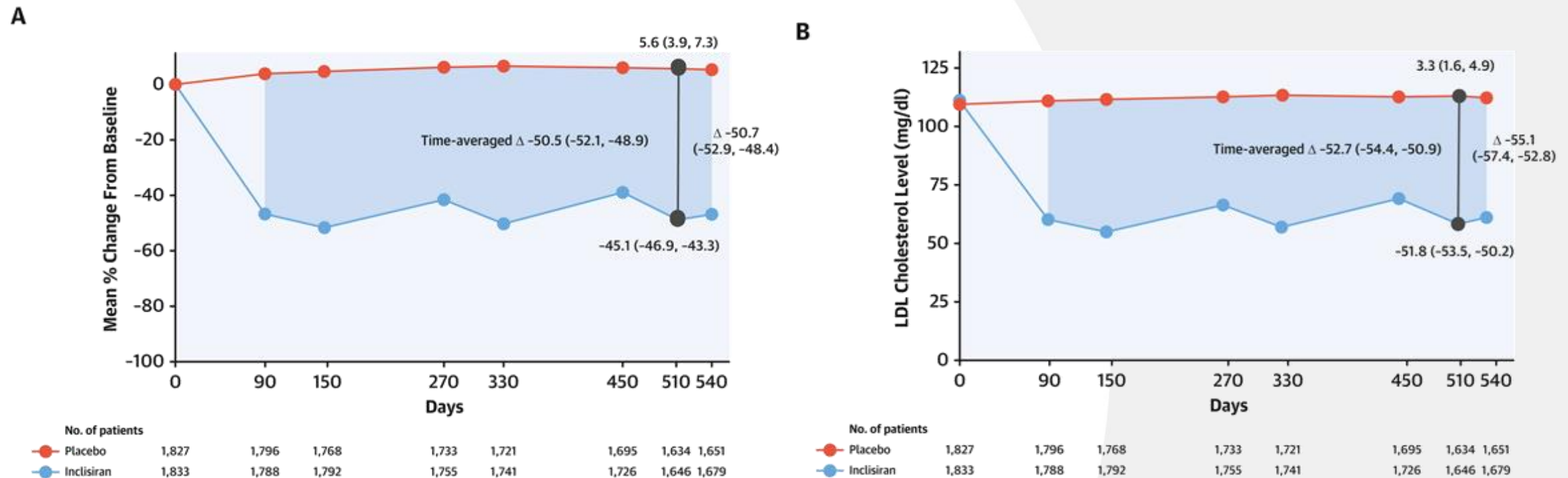


Pooled patient-level analysis of inclisiran trials in patients with familial hypercholesterolemia or atherosclerosis

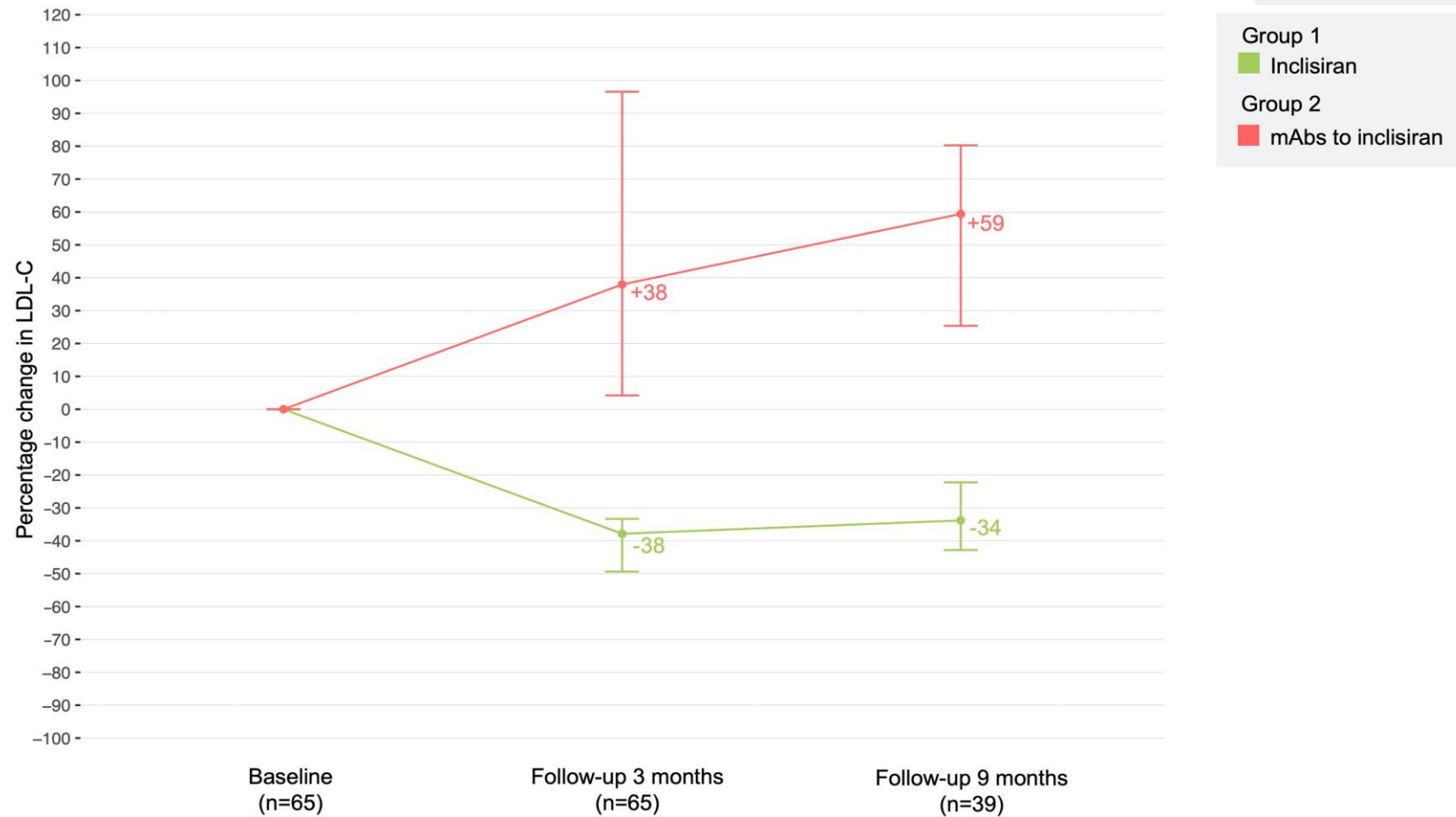




Pooled patient-level analysis of inclisiran trials in patients with familial hypercholesterolemia or atherosclerosis



Inclisiran in Rotterdam



Eindresultaat?



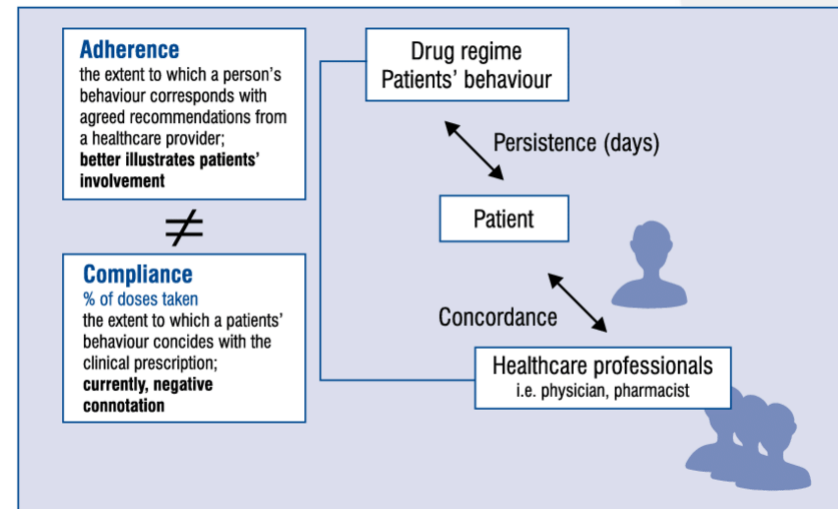
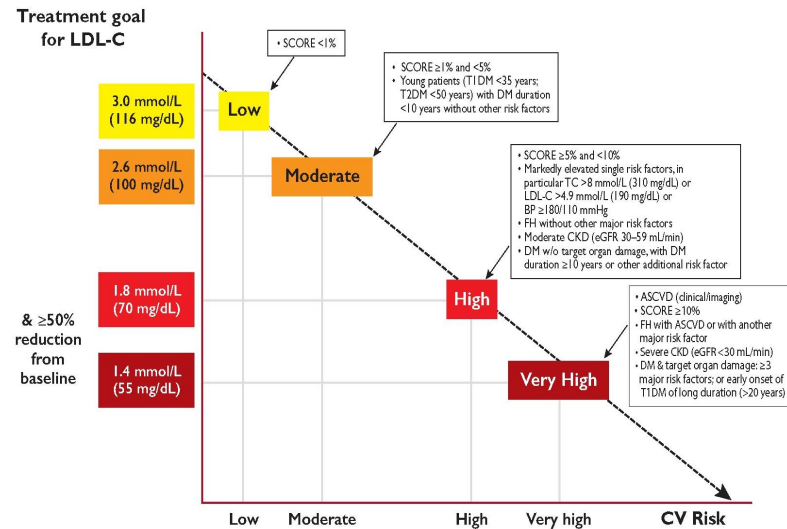
Nov 2023



11 maanden na start inclisiran
(ezetimib gecontinueerd)



TC 5,1mmol/L
HDL 1,6mmol/L
LDL 3,22mmol/L
TG 0,77mmol/L
ApoB 1,0g/L
Lp(a) 11nmol/L



Mach, F., et al. (2019). 2019 ESC/EAS Guidelines for the management of dyslipidaemias: lipid modification to reduce cardiovascular risk. *European Heart Journal*, 41(1), 111–188.
<https://doi.org/10.1093/eurheartj/ehz455>

Swieczkowski, D., et al. (2013). Medication adherence in patients after percutaneous coronary intervention due to acute myocardial infarction: From research to clinical implications. *Cardiology Journal*. <https://doi.org/10.5603/cj.a2016.0048>

Samenvattend



Adherence \neq Compliance



Adequate behandeling begint bij correct bepalen van het risico



Klinische inertie mogelijk ook beïnvloed door mate van adherence en compliance



LLT met lagere frequentie kan helpen bij toename van adherence



Beter iets, dan niets?

Dank voor uw aandacht

**Gedreven
door het
leven.**