



4^o CONGRESO AMAREVA

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Auditorio Caja de Música
del Palacio de Cibeles



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¿Por qué le dais tan poca importancia al control del c-LDL?
¿Qué hacemos para mejorar el control lipídico?

Dra. Marta Herrero. A. y Cirugía Vascul. Hospital Universitario La Princesa.

En capítulos anteriores...



En capítulos anteriores...

Eur J Vasc Endovasc Surg (2017) 53, 4–52

Editor's Choice — Management of Descending Thoracic Aorta Diseases

Clinical Practice Guidelines of the European Society for Vascular Surgery (ESVS)

Recommendation 31		
In patients with chronic dissection, measures to reduce cardiovascular risk (such as treatment of hyperlipidaemia, anti-platelet therapy, management of hypertension, and smoking cessation) should be implemented to reduce the incidence of late cardiovascular death	I	C



En capítulos anteriores...

Eur J Vasc Endovasc Surg (2018) 55, 305–368

Editor's Choice – 2017 ESC Guidelines on the Diagnosis and Treatment of Peripheral Arterial Diseases, in collaboration with the European Society for Vascular Surgery (ESVS)

Document covering atherosclerotic disease of extracranial carotid and vertebral, mesenteric, renal, upper and lower extremity arteries

REVISED CONCEPTS

- Lower extremity artery disease:**
- Masked LEAD should be individualized from asymptomatic disease.
 - **Modern management of claudication: statins and** (supervised) exercise therapy always prescribed, even after revascularization. In this context, the benefit from “vaso-active” drugs to improve walking distance is uncertain.
 - “Chronic limb-threatening ischaemia (CLTI)” defines the most severe form of LEAD. Beyond ischaemia, wound and infection should be evaluated to stratify the amputation risk (new WIfI classification). TASC classification excluded from the guidelines.
 - Beyond concomitant CAD, patients with PADs have often other cardiac conditions (e.g. HF, AF). The major scenarios have been addressed in a specific new chapter.

Recommendations in patients with peripheral arterial diseases: best medical therapy

Recommendations	Class ^a	Level ^b
Smoking cessation is recommended in all patients with PADs. ^{27,28}	I	B
Healthy diet and physical activity are recommended for all patients with PADs.	I	C
Statins are recommended in all patients with PADs. ^{31,32}	I	A
In patients with PADs, it is recommended to reduce LDL-C to <1.8 mmol/L (70 mg/dL) or decrease it by ≥50% if baseline values are 1.8–3.5 mmol/L (70–135 mg/dL). ²⁵	I	C
In diabetic patients with PADs, strict glycaemic control is recommended.	I	C
Antiplatelet therapy is recommended in patients with symptomatic PADs. ⁵¹	I	C ^d
In patients with PADs and hypertension, it is recommended to control blood pressure at <140/90 mmHg. ^{41,42,52}	I	A
ACEIs or ARBs should be considered as first-line therapy ^c in patients with PADs and hypertension. ^{47,53}	Ila	B

En capítulos anteriores...

Eur J Vasc Endovasc Surg (2019) 57, 8–93

Editor's Choice — European Society for Vascular Surgery (ESVS) 2019 Clinical Practice Guidelines on the Management of Abdominal Aorto-iliac Artery Aneurysms

Recommendation 21		
Blood pressure control, statins and antiplatelet therapy should be considered in all patients with abdominal aortic aneurysm		
Class	Level	References
Ila	B	[180,184,181,182,186]

Recommendation 44		
Statins are recommended before (if possible, at least 4 weeks) elective abdominal aortic aneurysm surgery to reduce cardiovascular morbidity		
Class	Level	References
I	A	[252,254,253,255]

Recommendation 75		
In all patients after abdominal aortic aneurysm repair, cardiovascular risk management, with blood pressure and lipid control as well as antiplatelet therapy, is recommended		
Class	Level	References
I	B	[180,478,183,486,491,487,482,488]

En capítulos anteriores...

Eur J Vasc Endovasc Surg (2019) 58, S1–S109

CLINICAL PRACTICE GUIDELINE DOCUMENT

Global Vascular Guidelines on the Management of **Chronic Limb-Threatening Ischemia**

Recommendations 4		
4.1 Evaluate cardiovascular risk factors in all patients with suspected CLTI.		
Grade	Level of evidence	Key references
1 (Strong)	B (Moderate)	I.C.A.I. group, ³⁰ 1997
4.2 Manage all modifiable risk factors to recommended levels in all patients with suspected CLTI.		
Grade	Level of evidence	Key references
1 (Strong)	B (Moderate)	Armstrong, ²²⁴ 2014 Faglia, ³² 2014

Recommendations 4 (continued)		
4.7 Use moderate- or high-intensity statin therapy to reduce all-cause and cardiovascular mortality in patients with CLTI.		
Grade	Level of evidence	Key references
1 (Strong)	A (High)	Leng, ³⁹ 2000 Heart Protection Study Group, ⁴⁰ 2002 Meade, ⁴¹ 2002 Aung, ⁴² 2007 Mills, ⁴³ 2011 Rodriguez, ⁴⁴ 2017

En capítulos anteriores...

Clinical Practice Guidelines

Eur J Vasc Endovasc Surg (2023) 65, 7–111

CLINICAL PRACTICE GUIDELINE DOCUMENT

Editor's Choice – European Society for Vascular Surgery (ESVS) 2023 Clinical Practice Guidelines on the Management of Atherosclerotic Carotid and Vertebral Artery Disease

Recommendation 13			Changed
For patients with asymptomatic carotid stenosis, lipid lowering therapy with statins (with or without ezetimibe) is recommended for the long-term prevention of stroke, myocardial infarction, and other cardiovascular events.			
Class	Level	References	ToE
I	B	Zhan <i>et al.</i> (2018) ¹¹¹ , Halliday <i>et al.</i> (2010) ²²⁸ , Cholesterol Treatment Trialists Collaboration (2012) ²²⁹	

Recommendation 14			New
For patients with asymptomatic carotid stenosis with dyslipidaemia who are intolerant of statins, with or without ezetimibe, lipid lowering therapy with PCSK9 inhibitors should be considered.			
Class	Level	References	ToE
Ila	C	Giugliano <i>et al.</i> (2020) ¹⁸ , Schmidt <i>et al.</i> (2020) ⁹⁵	

En capítulos anteriores...

Clinical Practice Guidelines

Eur J Vasc Endovasc Surg (2024) 67, 9–96



CLINICAL PRACTICE GUIDELINE DOCUMENT

Editor's Choice – European Society for Vascular Surgery (ESVS) 2024 Clinical Practice Guidelines on the Management of Asymptomatic Lower Limb Peripheral Arterial Disease and Intermittent Claudication ☆

Recommendation 28			
For all patients with symptomatic lower limb peripheral arterial disease , high intensity statin treatment is recommended, to reduce the subsequent risk of major cardiovascular events, limb events, and disease progression.			
Class	Level	References	ToE
I	A	Antoniou <i>et al.</i> (2015) ³⁶¹ Heart Protection Study Collaborative Group (2007) ³⁶² Aung <i>et al.</i> (2007) ³⁵ Wahlqvist <i>et al.</i> (2014) ³⁶³	
Recommendation 29			
For all patients with asymptomatic lower limb peripheral arterial disease , high intensity statin treatment is recommended to reduce the subsequent risk of major			
Recommendation 32			
For patients with lower limb peripheral arterial disease, it is recommended to reduce the low density lipoprotein cholesterol concentrations to < 1.4 mmol/L (< 55 mg/dL) and decrease it by ≥ 50% if baseline values are within 55 – 110 mg/dL.			
Class	Level	References	ToE
I	B	Mach <i>et al.</i> (2020) ³⁵² Cannon <i>et al.</i> (2015) ³⁵⁶ Cholesterol Treatment Trialists Collaborators (2015) ³⁷¹ Sabatine <i>et al.</i> (2017) ³⁵⁵ Belch <i>et al.</i> (2021) ³⁷⁵	

 **ESC**
European Society
of Cardiology
European Heart Journal (2020) **41**, 111–188
doi:10.1093/eurheartj/ehz455

ESC/EAS GUIDELINES




2019 ESC/EAS Guidelines for the management of dyslipidaemias: lipid modification to reduce cardiovascular risk

 **ESC**
European Society
of Cardiology
European Heart Journal (2021) **42**, 3227–3337
doi:10.1093/eurheartj/ehab484

ESC GUIDELINES

**The Task Force for the management of atherosclerosis of the
European Society of Cardiology and the
Atherosclerosis Society (EAAS)**

2021 ESC Guidelines on cardiovascular disease prevention in clinical practice

 **ESC**
European Society
of Cardiology
European Heart Journal (2024) **45**, 3538–3700
https://doi.org/10.1093/eurheartj/ehae179

ESC GUIDELINES

**Developed by the Task Force for cardiovascular disease prevention in clinical practice with representatives from the European Society of Cardiology and 12 medical societies
With the special contribution of the European Association of Preventive Cardiology (EAPC)**

2024 ESC Guidelines for the management of peripheral arterial and aortic diseases

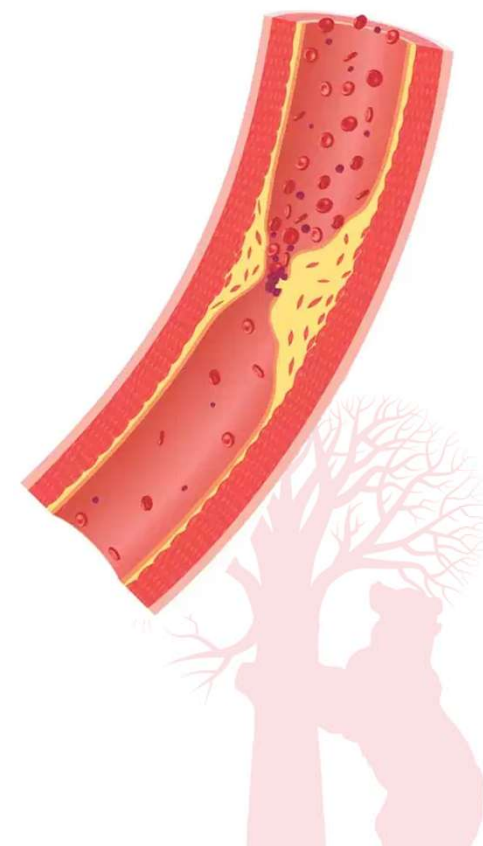
**Developed by the task force on the management of peripheral arterial and aortic diseases of the European Society of Cardiology (ESC)
Endorsed by the European Association for Cardio-Thoracic Surgery (EACTS), the European Reference Network on Rare Multisystemic Vascular Diseases (VASCERN), and the European Society of Vascular Medicine (ESVM)**

Categorías de riesgo basal

	Riesgo muy alto	Riesgo alto	Riesgo moderado	Riesgo bajo
Enf aterosclerótica documentada	!!!! Siempre !!!!	-	-	-
DM	· Lesión de órgano diana · > 20 años	· Sin lesión de órgano diana · > 10 años	· Sin otros FR · < 10 años	-
Hipercolesterolemia familiar	Asociado a otros FR	Sin otros FR	-	-
ERC	eFGR <30	30-60	-	-
SCORE	≥ 10	5-10	1-5	< 1%

¿Por qué damos tan poca importancia al LDL?

- Relación directa causal entre los niveles de cLDL y lesión aterosclerótica
- Añadir ezetimibe o iPCSK9 reduce el RV y los niveles de LDL
- **A niveles más bajos de cLDL, menor RV**



¿Por qué damos tan poca importancia al LDL?

No me da tiempo a mirarlo.

Tiene antecedentes de cardiopatía isquémica... seguro que ya lo vigilan.

Su problema es un mal control DM.

Bastante tengo con conseguir que dejen de fumar.

Eso no se opera.

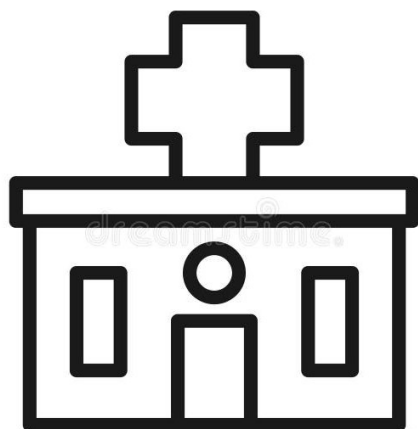
Eso no es mi trabajo.

Niveles de intervención propuestos

- A nivel de Atención Primaria
 - Cribado sistemático en pacientes con factores de riesgo
 - Cribado oportunista
- Atención especializada
 - Paciente con EAP en consulta:
 - incluir analítica con perfil lipídico para revisar en el seguimiento o en la analítica preoperatoria.
 - Paciente que ingresa para cirugía:
 - Aprovechar para estudiar niveles de glicosilada y perfil lipídico.
- Apoyo en unidades de Riesgo Vascular
 - Pacientes de alta complejidad, MAPA, tratamiento con iPCSK9...



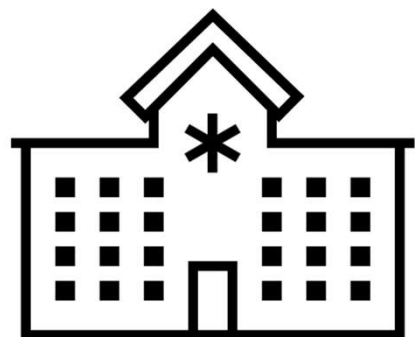
Niveles de intervención propuestos



- Atención Primaria
 - Cribado sistemático en pacientes con factores de riesgo
 - DM, HTA, edad avanzada...
 - Cribado oportunista
 - Control en prevención 2^{aria}



Niveles de intervención propuestos



- Atención especializada
 - Paciente con EAP en consulta:
 - Incluir analítica con perfil lipídico para revisar en el seguimiento
 - Paciente con inclusión en LEQ para revascularización:
 - Aprovechar para estudiar niveles de glicosilada y perfil lipídico.
 - “Debut” de paciente con EAP que ingresa por urgencias
 - Estudio completo



Niveles de intervención propuestos



- Apoyo en unidades de Riesgo Vascular
 - Pacientes de alta complejidad.
 - Optimización global
 - Tratamiento con iPCSK9/otros hipolipemiantes...





Muchas gracias