

Leopoldo Pérez de Isla  
Hospital Clínico San Carlos  
Madrid

**4<sup>o</sup> CONGRESO  
AMAREVA**

**2025**

**27 y 28 de febrero**

**Auditorio Caja de Música  
del Palacio de Cibeles**

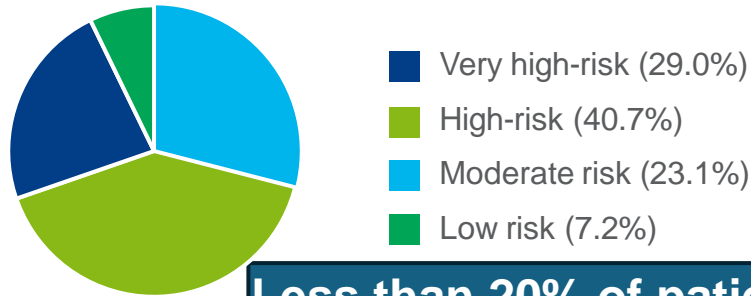
**¿QUÉ EXPERIENCIA ESTAMOS TENIENDO?**

**EXPERIENCIA CON ÁCIDO BEMPEDOICO**



[www.congreso2025.amareva.es](http://www.congreso2025.amareva.es)

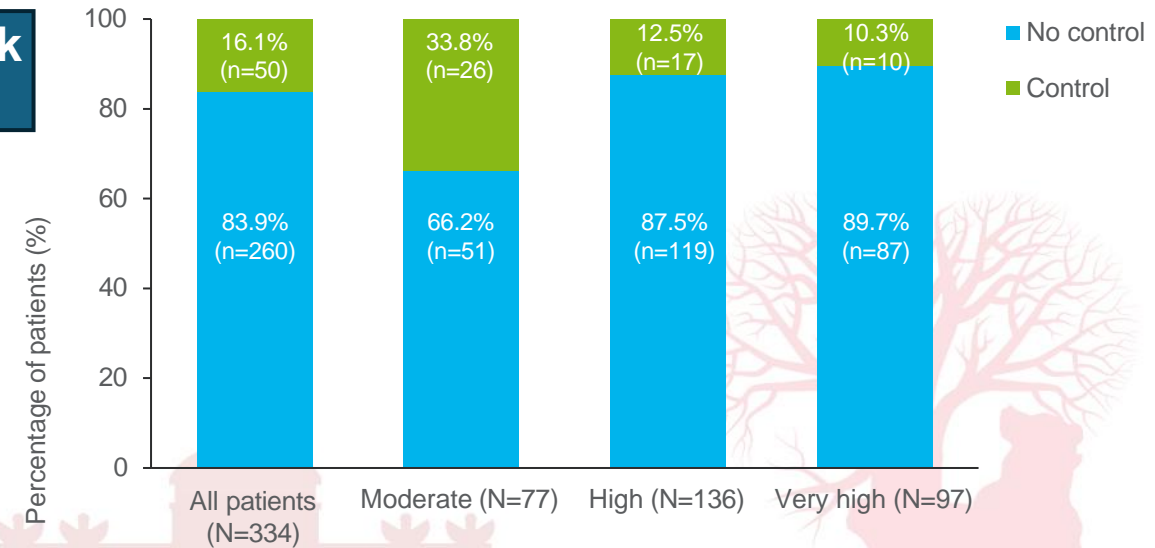
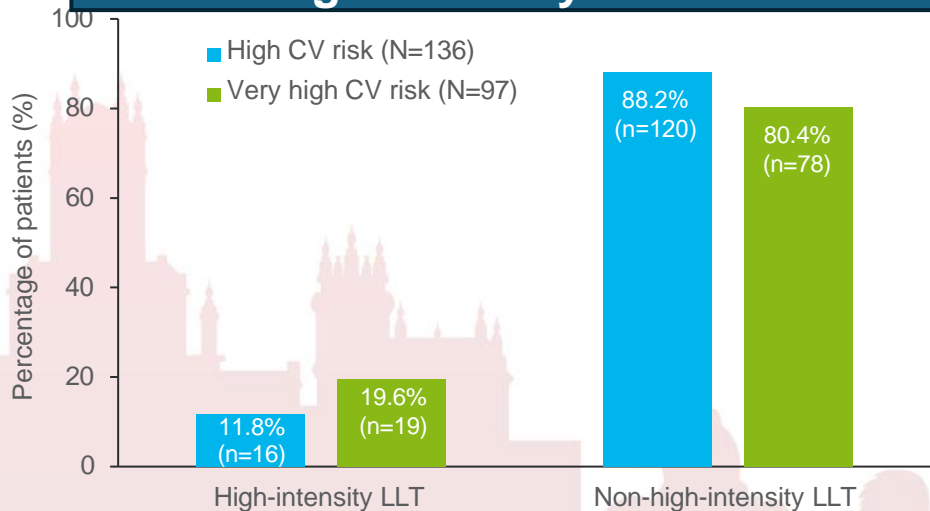
# Patients who suffered a first atherosclerotic cardiovascular event while taking statins were often far off of lipid targets



**69.7% of patients are at high- or very high-CV risk 2 years before the first MACE**

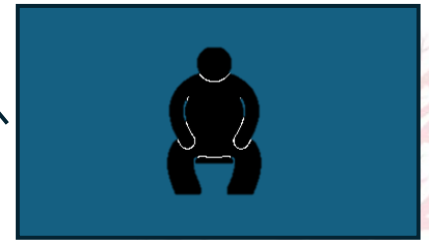
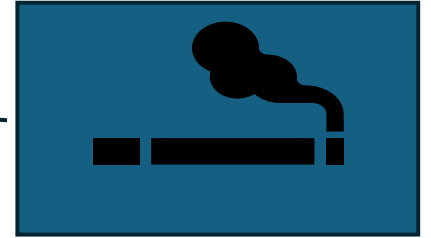
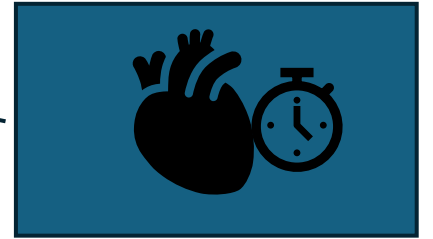
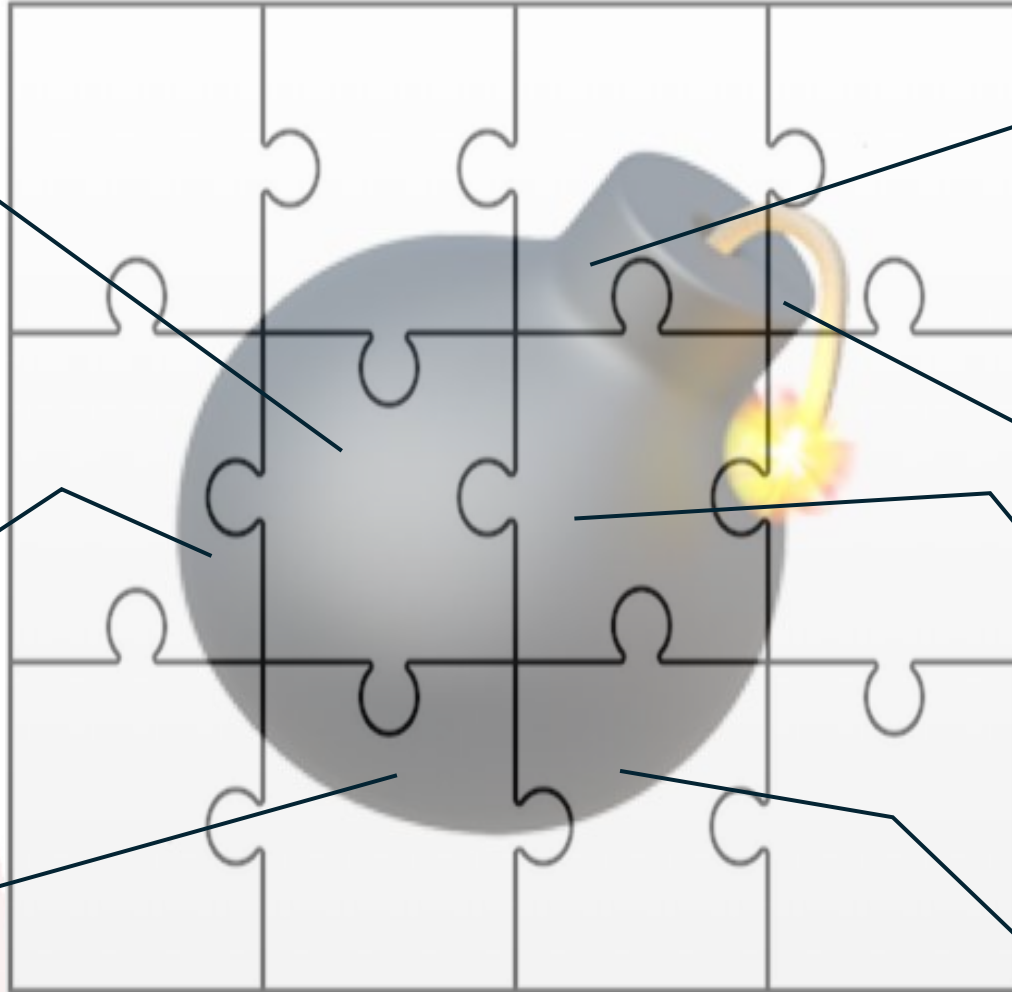
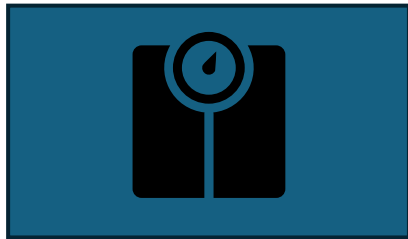
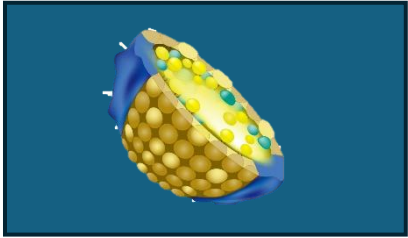
**Only 10% of patients at very high-risk reached the LDL-C target**

**Less than 20% of patients at very high-risk were on high-intensity LLT**



Adapted from Masana L, Moya G, Pérez de Isla L. Nutr Metab Cardiovasc Dis. 2024;34(1):90–97

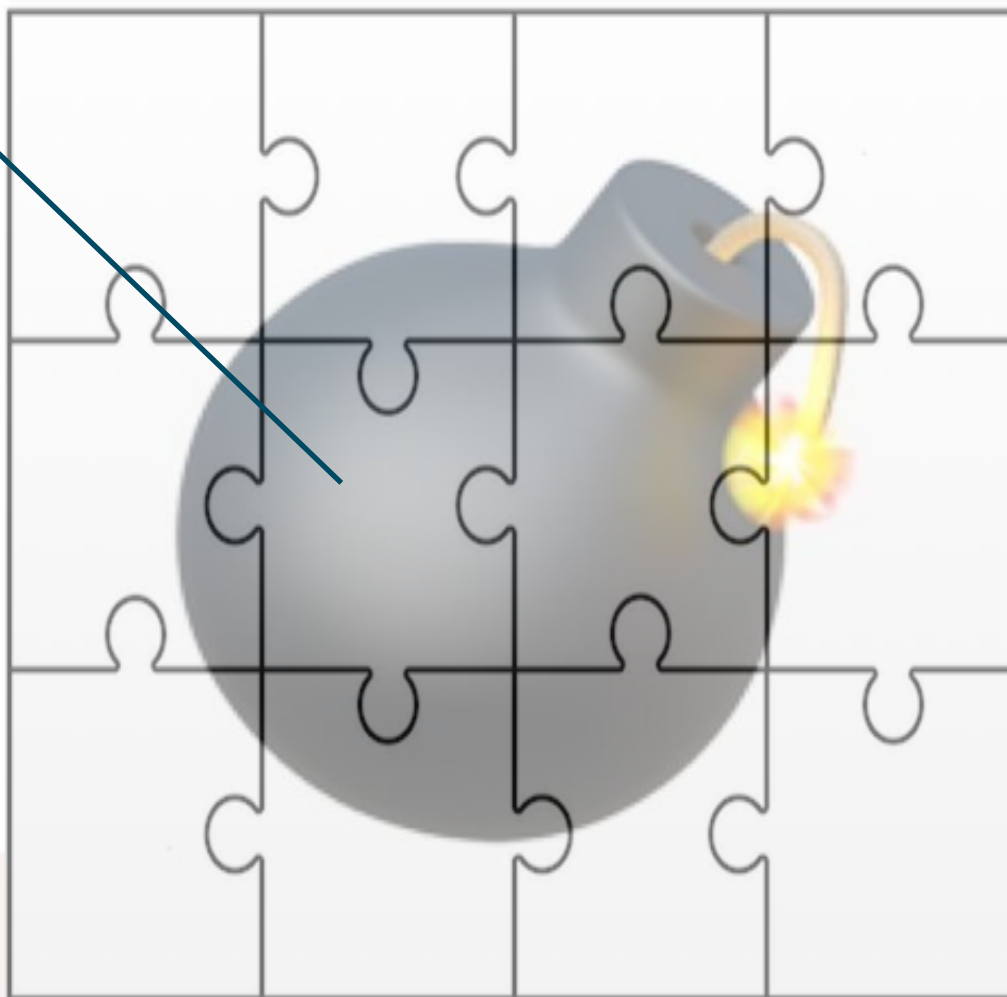
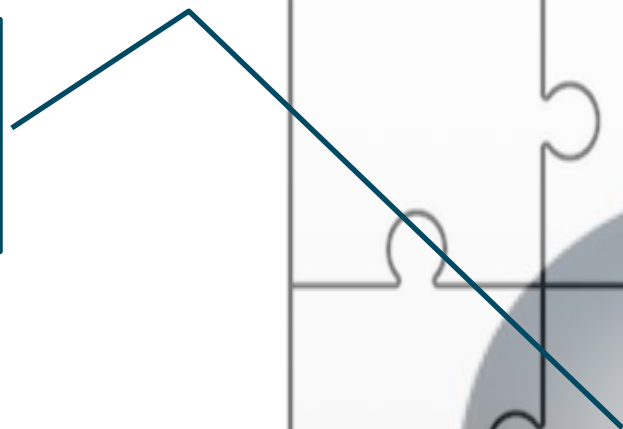




**Etc.**

# Qué puedo hacer





# Control de LDL

Cómodo


Seguro


Sin curva en J

# Prevalence of obesity and diabetes

*2019 report from the ESC Atlas provides a contemporary analysis of CVD statistics across 56 member countries*

Across ESC member countries:

 The prevalence of **obesity and diabetes** has increased two- to three-fold during the last 25 years

 There have been declines in hypertension, smoking, and alcohol consumption\*

\*On current trends only the reduction in smoking from 28% to 21% during the last 20 years appears sufficient for the WHO target CVD, cardiovascular disease; ESC, European Society of Cardiology; WHO, World Health Organization



# Bempedoic acid▼

Incidence of new-onset diabetes or hyperglycaemia was lower in BA treated patients (4.7/100 patient years), than in placebo (6.4/100 patient years)<sup>1</sup>

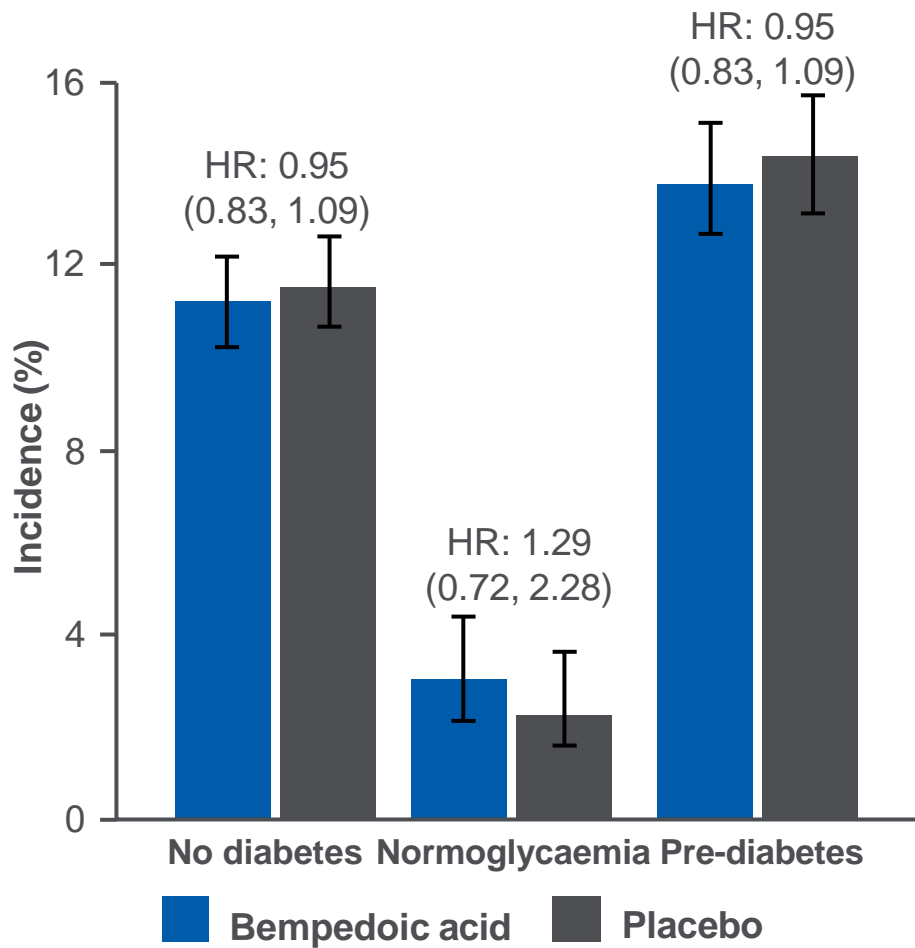
Weight decrease was observed only in patients with a baseline BMI  $\geq 30$  kg/m<sup>2</sup>, with a mean body weight reduction of -2.28 kg at month 36. Mean reduction in body weight was  $\leq 0.5$  kg in patients with a baseline BMI of 25 to  $< 30$  kg/m<sup>2</sup>. In patients with a baseline BMI of  $< 25$  kg/m<sup>2</sup>, BA was not associated with a mean change in body weight<sup>2</sup>

Data from phase 2 and 3 RCTs do not allow for confirming a clear association between BA and gout. The concomitant use of urate-lowering agents may be instrumental to minimize the risk of new-onset gout<sup>3</sup>

1. Bays HE, et al. J Clin Lipidol 2020;14(5):649–659; 2. NILEMDO® Summary of Product Characteristics. Available at: <https://www.medicines.org.uk/emc/product/11743> (accessed July 2024); 3. Alunno A, et al. Front Cardiovasc Med. 2023;10:1234601;



# No significant increase in new-onset diabetes was observed over a median follow up of 3.4 years



There was **no increase** in the incidence of **new-onset diabetes** in patients treated with BA compared to placebo after a **median follow-up of 40.6 months**

The side effects of BA was similar in patients with diabetes, pre-diabetes and normoglycaemia

- TEAE occurred in 86.3% of patients receiving BA and 85.0% of patients receiving placebo
- SEAs occurred in 25.2% of patients receiving BA and 24.9% receiving placebo
- **Gout** and **cholelithiasis** occurred **more frequently with BA**, irrespective of glycaemia strata

# Control de LDL

Cómodo

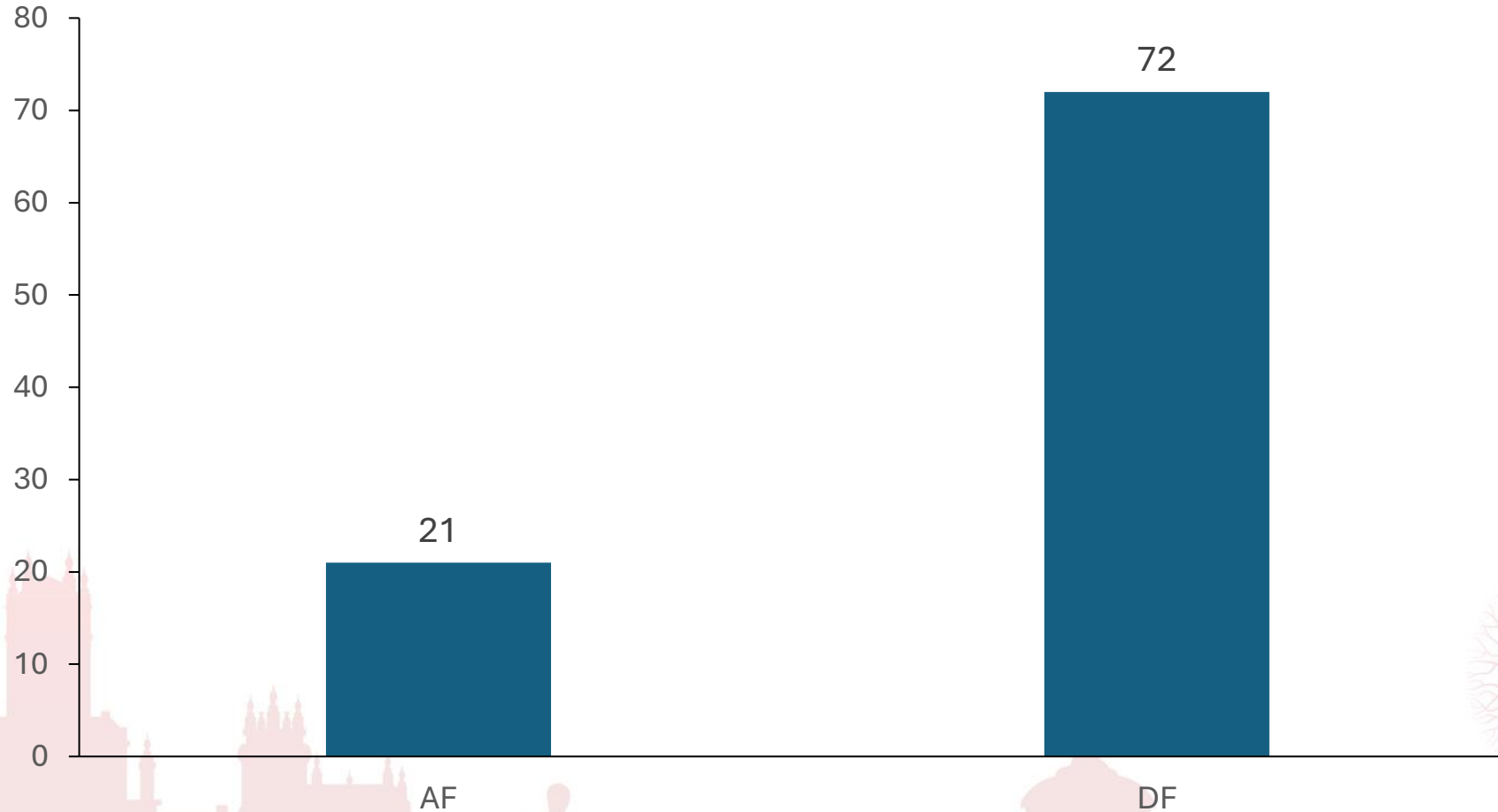
Seguro

Sin curva en J

No empeora otros FRCV

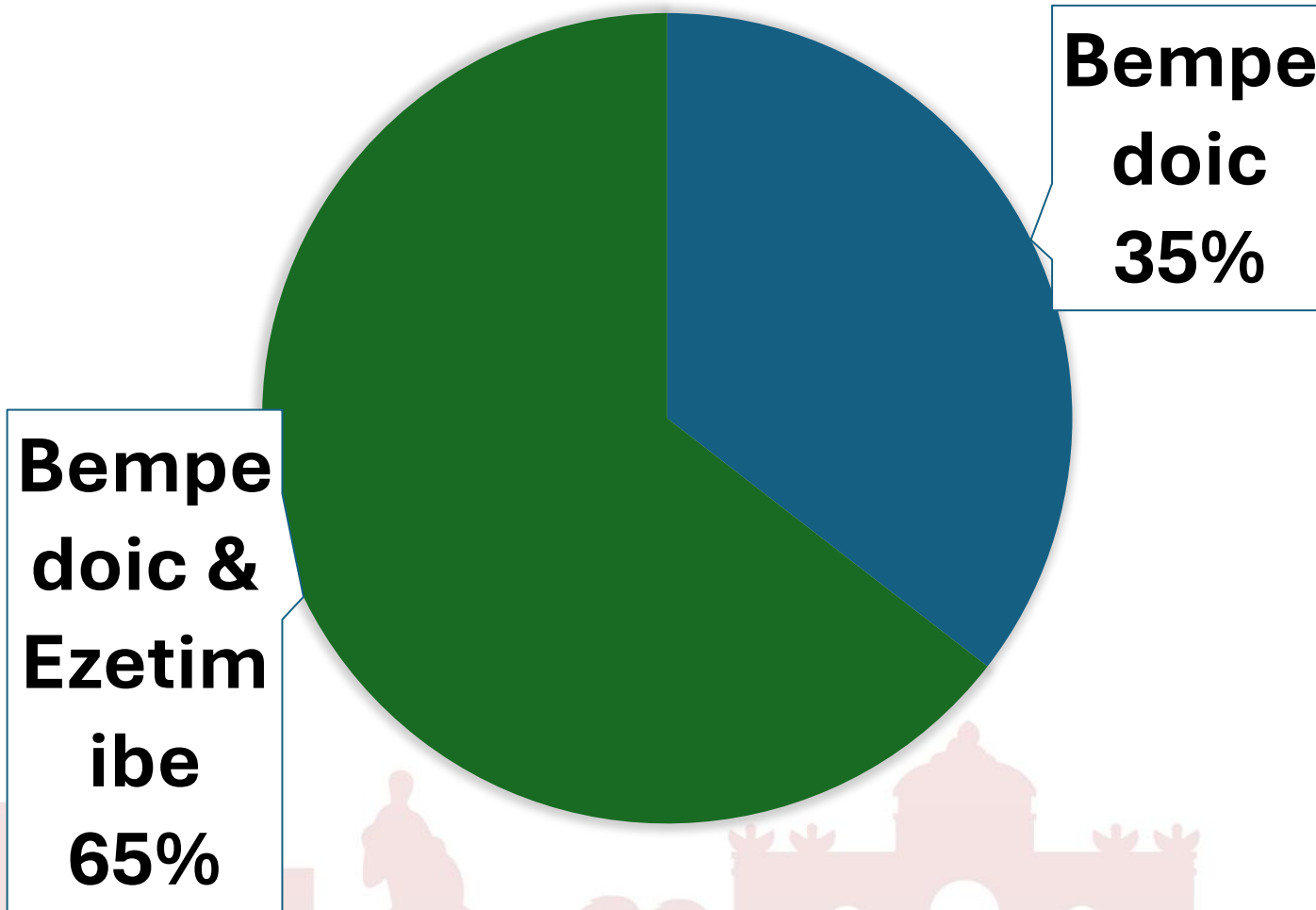
# Experiencia





AF: Antes de la financiación; DF: Después de la financiación





Datos del autor

## Efectos secundarios:

### Gota

Un paciente

En terapia máxima tolerada con estatinas

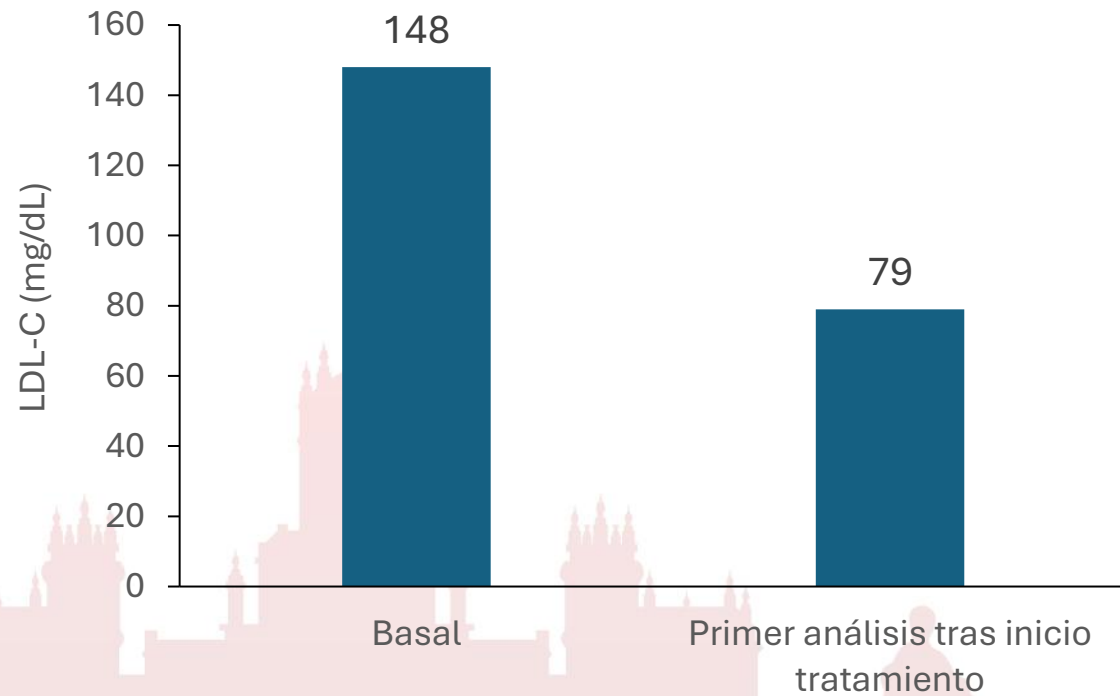
Sin episodios previos

Ácido úrico Pre-tratamiento: 7,1 mg/dL

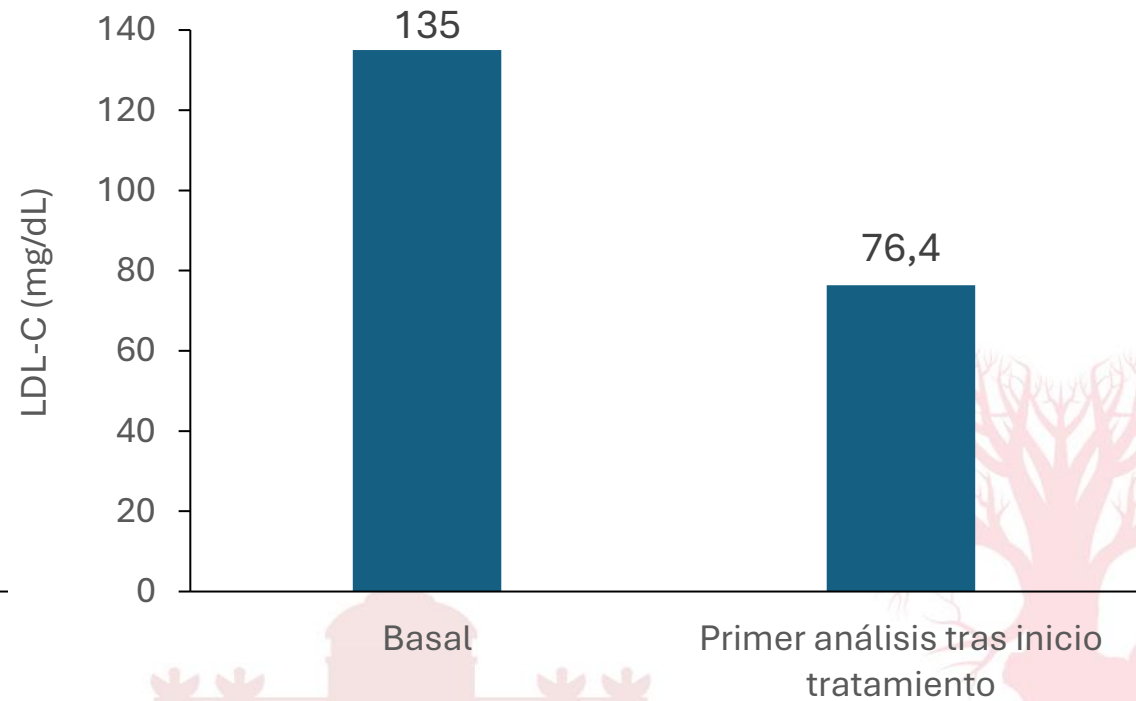
Coincidencia temporal con ingreso hospitalario (artroscopia rodilla)

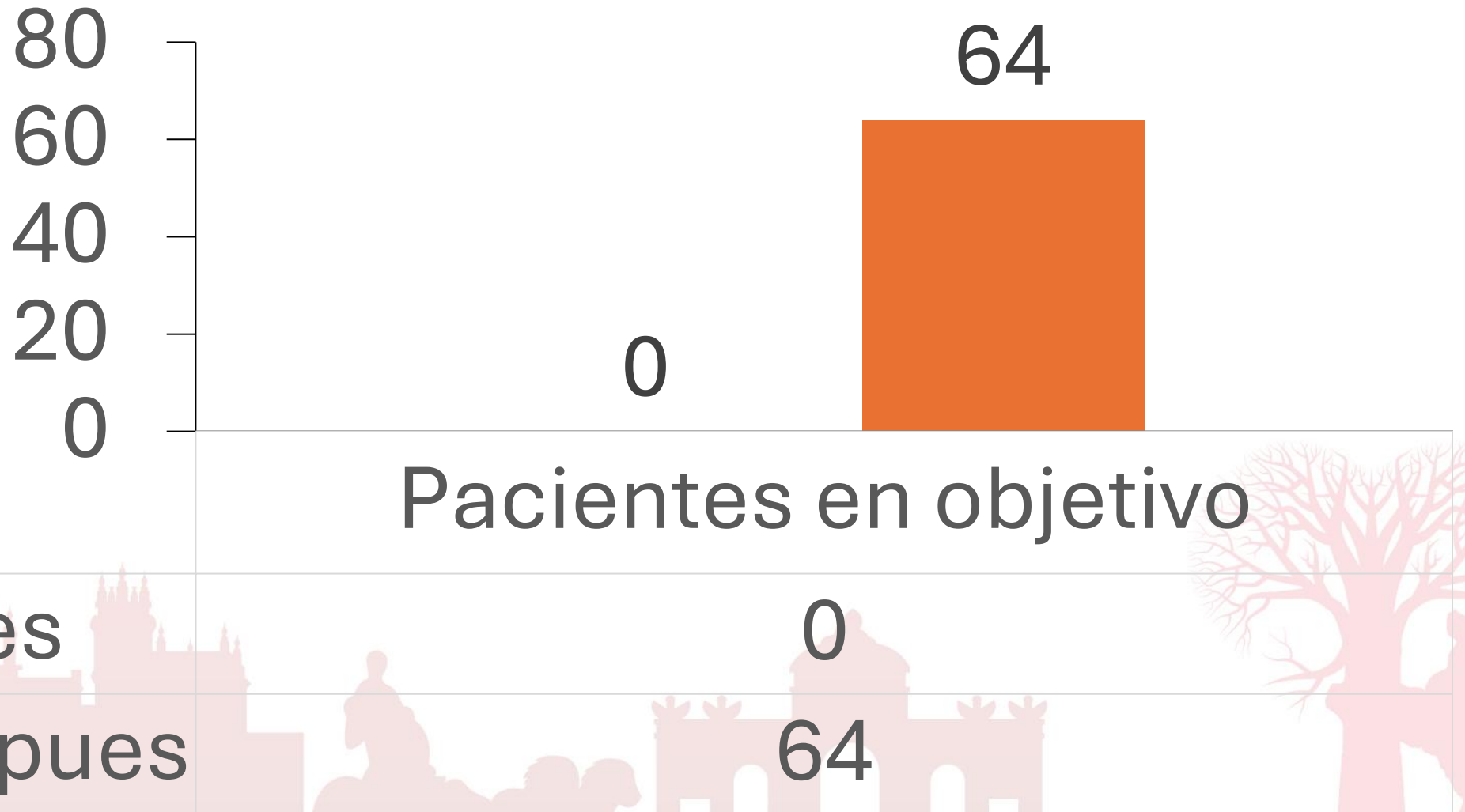
### No otros efectos secundarios

### Añadiendo ácido bempedoico



### Añadiendo ácido bempedoico + ezetimibe (No ezetimibe previo)





Datos del autor



# Experiencia



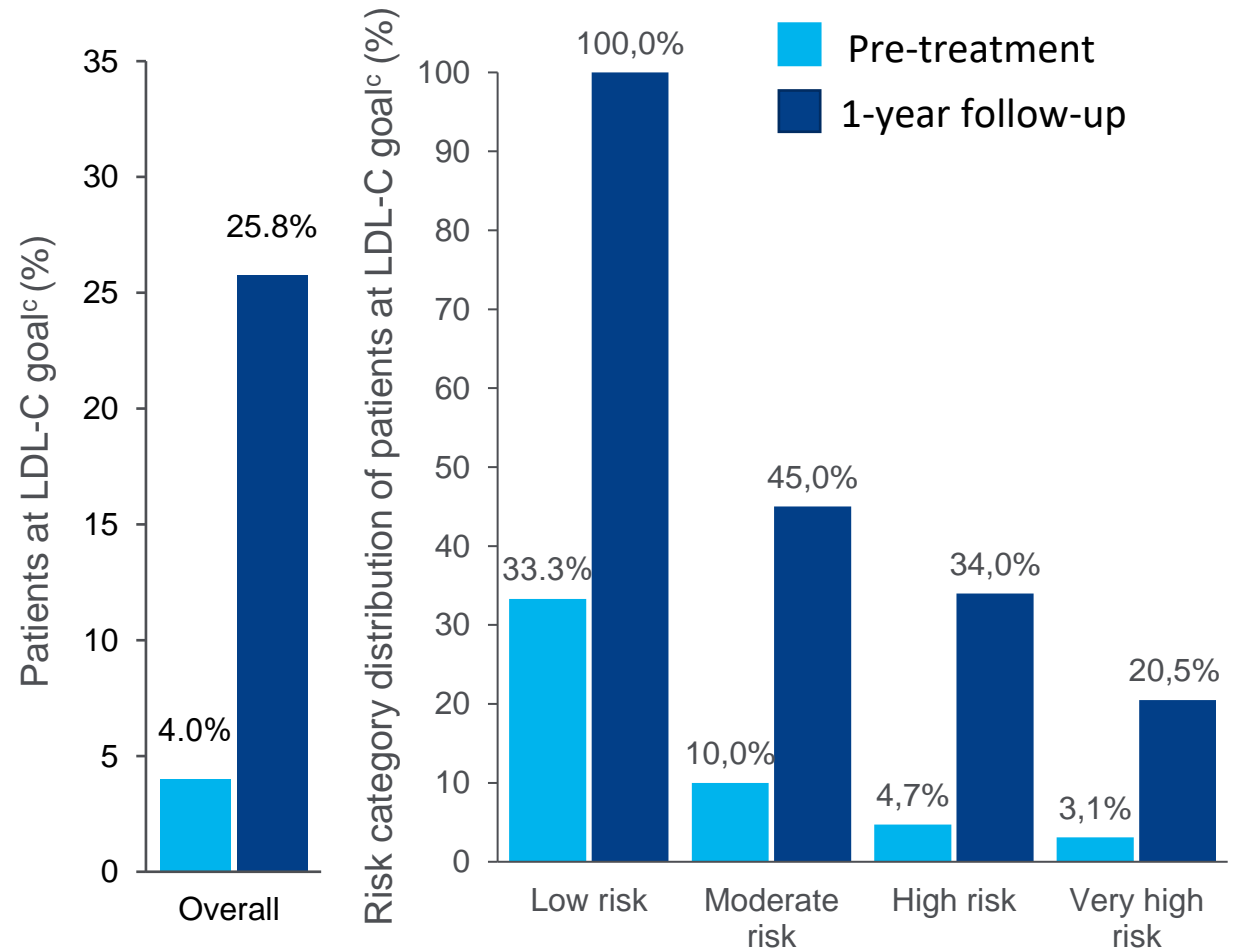
# Effectiveness and safety of bempedoic acid in routine clinical practice: 1-year follow-up snapshot of the **MILOS** German cohort

The addition of BA as a treatment option was associated with an approximately 6-fold increase in the number of patients achieving their LDL-C goals,<sup>a</sup> and an absolute increase of 21.8%

Among patients with available LDL-C data at baseline and 1-year<sup>b</sup> (N=414<sup>b</sup>), a mean relative LDL-C reduction of 27.3% compared to baseline was observed

Importantly, an increase in the proportion of patients at goal was observed in high- and very high-risk groups who have the strictest LDL-C goals

The safety and tolerability profile of BA are in line with data from randomised controlled trials

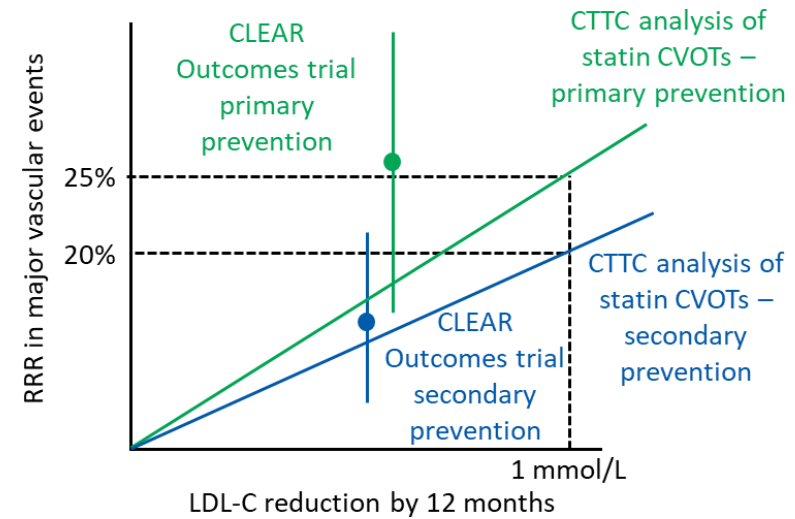
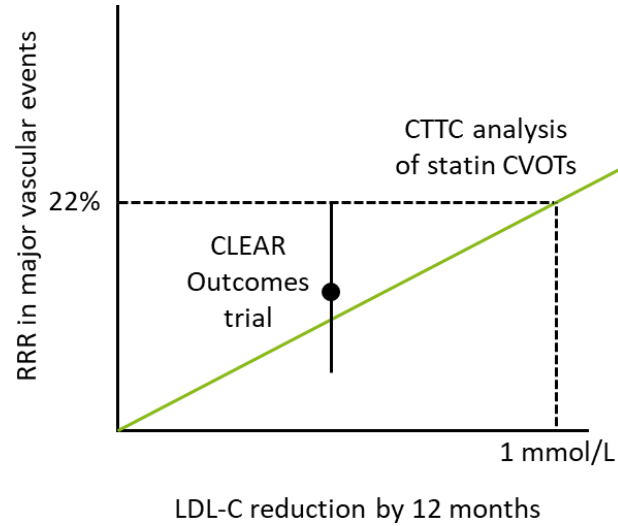


<sup>a</sup>LDL-C goals were determined using the updated ESC/EAS 2019 guidelines, this was <70 mg/dL for high-risk patients and <55 mg/dL in very high-risk patients; <sup>b</sup>Daiichi Sankyo data on file; <sup>c</sup>Patients with missing LDL-C data were assumed to be not at goal. **BA**, bempedoic acid; **EZE**, ezetimibe; **FDC**, fixed-dose combination; **EAS**, European Atherosclerosis Society; **ESC**, European Society of Cardiology; **LDL-C**, low-density lipoprotein cholesterol  
Gouni-Berthold I, et al. Presented at the 89<sup>th</sup> European Society of Cardiology Congress – 25–29 August 2023.

# Conclusiones



# Major vascular events reduction by BA by LDL-C change



For major vascular events\*, HR† was 0.75 (95% CI, 0.63, 0.90) for BA (25% risk reduction per 1 mmol/L LDL-C reduction), comparable to RR of 0.78 reported for statins (22% risk reduction)



Normalised CV benefit with BA was numerically higher than statins in primary prevention (HR 0.55 [95% CI 0.35, 0.86], statins RR 0.75) while the point estimates for CV benefit were similar for secondary prevention (HR 0.79 [95%CI 0.66, 0.96], statins RR 0.80)

\*A composite of coronary heart disease death, nonfatal myocardial infarction, fatal or nonfatal stroke, or coronary revascularisation. †HRs for CTTC-defined endpoints were normalised to 1 mmol/L differences in LDL-C levels at 12 months between BA and placebo groups.

BA, bempedoic acid; CI, confidence interval; CTTC, Cholesterol Treatment Trialists Collaboration; CVOT, cardiovascular outcome trial; HR, hazard ratio; LDL-C, low-density lipoprotein cholesterol; RR, rate ratio; RRR, relative risk reduction

Adapted from Lincoff AM, et al. JACC 2024;



**Gracias!!**

