

**Abstract Submission No.: A-1128****Trends in Real-World Lipid Lowering Therapy Use among Adult Patients with Chronic Kidney Disease: 5-year Single Center Experience in the Philippines**

**Vincent Anthony Tang**<sup>1</sup>, Adrian Santos<sup>1</sup>, Alyssa Samantha Fusingan<sup>1</sup>, Marc Lawrence Soco<sup>1</sup>, Lourdes Ella Santos<sup>4</sup>, Janice Jill Lao<sup>1</sup>, Anthony Russell Villanueva<sup>1</sup>

<sup>1</sup>Department of Internal Medicine-Nephrology, University of the Philippines - Philippine General Hospital, Philippines

<sup>2</sup>Department of Internal Medicine, University of the Philippines - Philippine General Hospital, Philippines

<sup>3</sup>Department of Internal Medicine-Cardiology, University of the Philippines - Philippine General Hospital, Philippines

<sup>4</sup>Department of Internal Medicine-Hypertension, University of the Philippines - Philippine General Hospital, Philippines

**Objectives :** To assess real-world patterns of dyslipidemia management among patients with CKD. Specific objectives included describing the prevalence and intensity of LLT prescription [stratified by estimated glomerular filtration rate (GFR) and whether requiring renal replacement therapy or not] as well as adherence to guideline recommendations on LLT use.

**Methods :** We conducted a single-center, cross-sectional study covering the period of January 2019 to December 2023. A review of inpatient and outpatient medical records of the Department of Medicine, University of the Philippine – Philippine General Hospital was done. Sociodemographic, clinical, and laboratory data were based off the latest entry in each patient's medical record. No clinical data were collected beyond those that were available on the records. All analyses were descriptive and done using STATA 18. Categorical variables were summarized as frequencies and percentages. Continuous variables were reported as measures of central tendency [i.e. mean (SD) or median (IQR), as appropriate].

**Results :** Of the 3,845 patients included in the study, 2,922 (76%) were prescribed LLT. The most common LLT were statins (92%), followed by statin/ezetimibe combinations (6%), then statin/fibrate combinations (2%). Among non-dialytic patients, the distribution of LLT use was as follows: a) eGFR  $\geq 60$  ml/min/1.73 m<sup>2</sup>: 40% (173/431) b) eGFR 30-60 ml/min/1.73 m<sup>2</sup>: 76% (1,198/1,576) c) eGFR  $<30$  ml/min/1.73 m<sup>2</sup>: 84% (1,551/1,838). Among dialytic patients, 68% (601/884) were already on LLT prior to initiation of dialysis while 35% (283/884) were started on LLT after dialysis initiation. Based on the 2013 KDIGO recommendations, only 78% (2,610/3,334) of eligible patients were prescribed on LLT, while 61% (312/511) of ineligible patients were prescribed on LLT.

**Conclusions :** Real-world LLT use among CKD patients remains high, even at lower eGFRs. More importantly, a large proportion of patients remain under- and over- treated, highlighting significant gaps between guideline recommendations and real-world clinical practice.