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Ideal Treatment Option to Manage LDL-C in CKD Patients

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Dyslipidemia is common in patients with chronic kidney disease (CKD), and CKD itself is considered a higher risk factor for atherosclerotic cardiovascular disease (ASCVD). To date, many domestic and international guidelines for dyslipidemia treatment recommend that the initiation and goal of treatment should be assessed according to the risk stratification for ASCVD and LDL-C levels. Statin is recommended as an initial treatment, and maximal dose of statin, combination of statin with ezetimibe and/or PCSK9 inhibitors should be added if the LDL-C level goal is not reached. However, in patients with CKD only moderate-intensity statins are allowed, and if this is not sufficient, combination therapy of statin and ezetimibe is recommended. Combination therapy with low-intensity statin with ezetimibe can be an effective alternative to single-agent moderate-intensity statin for cholesterol management, especially in low to moderate risk patients. The RACING trial demonstrated efficacy and safety of moderate-intensity statin with ezetimibe combination treatment across diverse patient populations who needed for the treatment with high-intensity statin. Therefore, healthcare professionals should prioritize individualized lipid lowering strategies tailored to each patient to maximize efficacy and improve overall outcomes in CKD.

Keywords: lipid, statin, ezetimibe, CKD