

Ezetimibe/Simvastatin ups clinical outcomes in IMPROVE-IT

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(HealthDay)—Lipid-lowering therapy with ezetimibe plus simvastatin is

associated with improved clinical outcomes, with a reduction in total primary end point (PEP) events, according to a study published in the Feb. 2 issue of the *Journal of the American College of Cardiology*.

Noting that ezetimibe/simvastatin therapy in the Improved Reduction of Outcomes: Vytorin Efficacy International Trial (IMPROVE-IT) significantly reduced the first PEPs in patients after [acute coronary syndromes](#), Sabina A. Murphy, M.P.H., from Brigham and Women's Hospital in Boston, and colleagues examined whether total PEP events would also be reduced. They examined all PEP events during a median of six years of follow-up in 18,144 patients randomized to ezetimibe/simvastatin or placebo/simvastatin.

The researcher found that there were 9,545 total PEP events (56 percent first events; 44 percent subsequent events). Compared with placebo/simvastatin, there was a reduction in total PEP events with ezetimibe/simvastatin (incidence-rate ratio [RR], 0.91; $P = 0.007$), and reductions in the three pre-specified secondary composite end points and the exploratory composite end point of cardiovascular (CV) death, myocardial infarction (MI), or stroke (RR, 0.88; $P = 0.002$). Decreases in total nonfatal MI and total nonfatal stroke drove the reduction in total events (RRs, 0.87 [$P = 0.004$] and 0.77 [$P = 0.005$], respectively).

"These data support continuation of intensive combination lipid-lowering [therapy](#) after an initial CV event," the authors write.

Several authors disclosed financial ties to biopharmaceutical companies, including Merck, which manufactures ezetimibe/simvastatin and funded the IMPROVE-IT study.

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