

Stratification tool IDs who will benefit from adding ezetimibe

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(HealthDay)—For patients stabilized after acute coronary syndrome

(ACS), a nine-point risk stratification tool can identify patients who will derive benefit from the addition of ezetimibe to statin therapy, according to a study published in the Feb. 28 issue of the *Journal of the American College of Cardiology*.

Erin A. Bohula, M.D., D.Phil., from the Brigham and Women's Hospital in Boston, and colleagues prospectively applied the nine-point Thrombolysis In Myocardial Infarction Risk Score for Secondary Prevention (TRS 2°P) stratification tool to 17,717 post-ACS [patients](#) randomized to ezetimibe and simvastatin or placebo and simvastatin in the Improved Reduction of Outcomes: Vytorin Efficacy International Trial (IMPROVE-IT).

For the integer-based scheme, the researchers observed a strong graded correlation between the rate of cardiovascular (CV) death/myocardial infarction (MI)/ischemic cerebrovascular accident (iCVA), the trial composite end points, and the individual components (P trend

"Atherothrombotic risk stratification using the TRS 2°P identifies high-risk patients who derive greatest benefit from the addition of ezetimibe to statin therapy for [secondary prevention](#) after ACS," the authors write.

Several authors disclosed financial ties to pharmaceutical companies, including Merck, which funded IMPROVE-IT.

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