Introduction  Individuals with an Acute Coronary Syndrome (ACS) benefit from lipid lowering therapy (LLT) to minimise the risk of future adverse events. Patients who undergo medical management, as opposed to invasive therapy, represent a heterogeneous group who are often older and multi-morbid. The need for risk modification in this group is reflected by the introduction of the SCORE-2 Older-Persons as per the European Society of Cardiology (ESC) Lipid and Cardiovascular Disease Prevention Guidelines.

Objectives  We sought to ascertain the current state of LLT in medically managed ACS.

Methodology  We conducted a single centre retrospective observational study of patients presenting with ACS, who underwent medical management. One hundred consecutive patients were examined. The electronic patient records was searched for data on: i) the presence of a baseline lipid profile ii) initiation of LLT iii) follow-up of LLT iv) safety concerns related to LLT. 

Results  Of 100 consecutive patients with medically managed ACS, the mean age was 82.1 (SD 12.4) years, 50% were male, and 87% had NSTEMI, with 13% having suffered a STEMI. 52% of patients had baseline cholesterol measured. The mean LDL-c was 2.1(SD0.8) at baseline.

A total of 61% had cardiovascular events other than ACS (previous ACS, stroke, limb ischaemia) prior to the ACS event, 62% of who were on baseline statin therapy, but only 15 of the 61 patients had high dose statins prescribed as a result of the prior event.

Following a medically managed ACS, 87% of patients were on LLT with 92% on statins, 50% of whom were high-intensity statins. Four patients (4%) were started on ezetimibe, 1 on PCSK9 inhibitor, 1 on fenofibrate, and 1 on cod-liver oil, among this elderly population.

41% had repeat a cholesterol profile measured to assess response to therapy, as per ESC guidelines, of which 26/41 (63.4%) had not reached LDL-c targets.

Considering safety profile only 8 individuals reported statin non-suitability – 4 of whom had intolerance, 3 due to co-morbidity and polypharmacy and one an ischaemic liver injury.

Table 1 outlines key results from the study.

Conclusion  Although LLT is recommended as secondary prevention following medically managed ACS, careful consideration of potential side-effects, interactions, and patient co-morbidity is necessary. This observational study illustrates that whilst LLT prescribing was good amongst medically managed ACS patients, further improvements in lipid monitoring and titration of medications may be appropriate.

Conflict of Interest  Nil
pharmacological properties that translate into a clinically relevant approach for management of hypertension (122), bisoprolol is beneficial in patients with hemodialysis (120), bisoprolol in combination with telmisartan is useful in patients with comorbidities (115), bisoprolol has modulatory properties for the impact of remodelling in patients with heart failure (111), bisoprolol in combination with telmisartan is a useful tool to manage hypertension. (Figure). The highest mean response scores (±SD, 95% CI) for consensus were for agree (25±10, 95% CI 19 to 31) followed by strongly agree (14±11, 95% CI 7.6 to 20).

Conclusions We observed a high preference for the combination of bisoprolol with telmisartan for use in patients with hypertension with comorbidities. We attribute this to a high level of perceived effectiveness, based on the recent clinical trials.

Conflict of Interest None

HOW DO N3-POLYUNSATURATED FATTY ACIDS REDUCE VASCULAR ENDOTHELIAL DYSFUNCTION DUE TO INFLAMMATION? A LITERATURE REVIEW

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Background For more than 50 years, there has been an ongoing debate about whether long chain n-3 polyunsaturated fatty acids can be used as therapeutic agents in cardiovascular disease (CVD). Interest in the association between n3-PUFAs and CVD grew when epidemiological studies suggested that within the Greenland Inuit, there is a connection between a high intake of n3-PUFAs and reduced incidence of CVD.

Objective The objective of this literature review is to look at literature out there that investigates the correlation between consumption of n3-PUFAs and inflammation.

Methodology A literature review was carried out to analyse the effects of an increased intake of n3-PUFAs on vascular endothelial dysfunction. PubMed and SCOPUS were used to search for relevant articles, and abstracts were screened using