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The prevalence and management of familial hypercholesterolemia in patients with acute coronary syndrome in Poland: results of the TERCET Registry

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Topic(s):
Acute Coronary Syndromes – Epidemiology, Prognosis, Outcome

Citation:

Background: Prevalence of familial hypercholesterolemia (FH) is high among patients with CAD. However, data on FH among ACS patients are still scarce. Therefore, we aimed to assess the prevalence, lipid-lowering therapy and short- and long-term outcomes in FH patients with ACS.

Methods: We finally included 19,781 consecutive patients from the Hyperlipidaemia Therapy in the tERtiary Cardiological cEnTer (TERCET) Registry for years 2006-2018, including 7,319 patients with ACS: 3,085 with STEMI, 2,256 with NSTEMI, and 1,978 due to unstable angina (UA) (stable CAD group \[n=12,462\] was treated as a reference). FH diagnosis was based on Dutch Lipid Clinic Network (DLCN) score.

Results: The overall occurrence of probable/definite FH and possible FH were 1.2% and 13.7% respectively. In ACS patients 1.6% had probable/definite FH and 17.0% possible FH. The highest occurrence of FH was observed in STEMI subgroup, where 20.6% of the patients had ≥3 points according to the DLCN criteria. In patients with definite/probable FH, 98.1% were administered statins at discharge (including 57.5% prescribed intensive statin therapy in comparison to only 23.7% in non-FH patients). Patients with definite/probable FH had higher in-hospital and 30-day mortality than patients without FH (3.5% vs 1.2%, \(p=0.0046\) and 4.4% vs 1.7%, \(p=0.024\), respectively). However, no significant differences in investigated outcomes were observed between the FH groups in the 12-month and 36-month follow-up.

Conclusion: The prevalence of FH (definite/probable/possible) in the Polish very high-risk population is even 14.9% and is significantly higher in patients with ACS than in patients with stable CAD. High intensive lipid lowering therapy, including the combination therapy allows improving long-term outcomes in patients with FH.
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