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A RETROSPECTIVE ANALYSIS COMPARING MEDIUM- AND HIGH-POTENCY HYPERLIPIDEMIA TREATMENT IN HIGH RISK PATIENTS. (A3) Amy Robinson, Robert Malmstrom, Joy Meier. VA Northern California, Martinez, CA, (amy.robinson3@va.gov) IRB approval received

Recent controlled clinical trials of low density lipoprotein cholesterol (LDL C) lowering agents have reported a clinically and statistically significant reduction in the incidence of coronary heart disease (CHD) in patients with tightly controlled LDL C. More stringent lipid goals set forth by The National Cholesterol Education Program Adult Treatment Panel's third report for patient at high risk for CHD have caused health care providers to search for more effective lipid lowering agents. This retrospective database review compares lipid lowering efficacy and LDL C achievement rates in high risk patients converted from simvastatin to either atorvastatin, rosuvastatin or the ezetimibe/simvastatin combination. The inclusion criteria are past diagnosis of CHD or any CHD risk equivalent (i.e. diabetes mellitus or CHD risk > 20%) and LDL C greater than 100mg/dL on simvastatin doses more than 40mg/day. Patients who failed simvastatin must then have been converted to rosuvastatin, atorvastatin or the ezetimibe/simvastatin combination during the study period. Patient demographics, prescription information, comorbidities, body mass index, liver function tests, lipid panels, creatinine kinase and allergy information will be analyzed to determine adherence, medication efficacy and

to infer the reason for discontinuation where necessary.
Preliminary results will be presented.