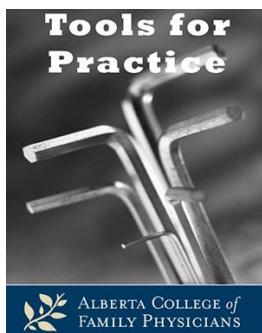


Schedule Change to Tools for Practice (TFP)!

TFP will be circulated every 3 weeks for the months of April, May and June. Look for the next TFP to be sent to you on April 30, 2012.

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Niacin added to statins for cardiovascular disease? **1 + 1 = 1**

Clinical Question: In patients with cardiovascular disease and low HDL levels, does adding niacin to statin therapy decrease future cardiovascular events?

Evidence:

- AIM-HIGH, a 3-year randomized control trial (RCT) of 3414 patients (mean age 65, 85% men) with previous cardiovascular disease (CVD) on simvastatin (mean 40mg).¹
 - Randomized to extended-release niacin 1500-2000mg or placebo (with up to 200mg of niacin to maintain blinding).
 - Outcomes:
 - Primary outcome (combined CVD) not statistical different (niacin 16.4% vs placebo 16.2%)
 - Trend (not significant) to harm in ischemic stroke: niacin 1.7% vs placebo 1.1% ($p=0.11$)
 - Niacin improved lipid profile more than placebo: LDL 6%, HDL 13%, and Triglycerides 21% better.
 - Trial stopped early due to lack of efficacy.
- Coronary Drug Project RCT: Previous CVD on niacin vs placebo.²
 - Relative reduction of 11% mortality and 27% CVD over 15 years, but:
 - Trial 40 years old, before proven therapies (statins) were used.
- Niacin vs ezetimibe (both with statin) RCT³:
 - Significantly less CVD with niacin (1% vs 5% ezetimibe), but:
 - Small trial (decreased reliability).
 - No placebo arm: niacin might be better than ezetimbe but not placebo.

Context:

- Surrogate outcomes like lipids can be misleading.⁴
 - The drug torcetrapib reduced LDL 25% and increased HDL 72% but increased CVD and mortality.⁵

- Improved cardiovascular outcomes occur with statins irrespective of initial lipid levels⁶ or the degree of LDL reduction.⁷
- Good evidence demonstrates that statins reduce CVD, particularly in secondary CVD prevention.⁸
- Current guidelines recommend treating to lipid targets (primarily LDL), including adding niacin, fibrates or ezetimibe to statins if needed (despite acknowledging the lack of evidence for such add on therapies).⁹
- Comprehensive evidence review does not support treating to lipid targets.⁷

Bottom-line: In patients with cardiovascular disease already on statin therapy, adding niacin does not improve cardiovascular events. Among lipid treatments, only statin monotherapy has strong evidence for CVD prevention (regardless of lipid levels).

Authors: Michael R. Kolber MD CCFP MSc, G. Michael Allan MD CCFP

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