THE ANATOLIAN JOURNAL OF CARDIOLOGY

Official journal of the TURKISH SOCIETY OF CARDIOLOGY

Reply to Letter to the Editor: "Current Guidelines Should be Taken into Consideration in the Management of Dyslipidemia"

LETTER TO THE EDITOR
REPLY

To the Editor,

I would like to express my sincere appreciation for your thoughtful and detailed feedback on our article, "Adherence to Current Dyslipidemia Guidelines in Patients Utilizing Statins According to Risk Groups and Gender Differences: The AIZANOI Study".[1] Your comments[2] have provided valuable insights, and I greatly appreciate the opportunity to address the points you raised. Below, I provide responses to the specific points you raised.

We determined the risk categories of the patients according to the Systematic Coronary Risk Evaluation (SCORE) based on the 2019 ESC/EAS Guidelines[3] for the management of dyslipidemia. When we designed and initiated the AIZANOI study, the current guidelines were the 2019 ESC/EAS Guidelines for the management of dyslipidemia. Data collection for the study began on August 1, 2021. However, the 2021 ESC Guidelines[4] on cardiovascular disease prevention in clinical practice were published on August 30, 2021. Therefore, the AIZANOI study was designed based on the 2019 guidelines, which were the most current at the time. In the AIZANOI study, the majority of patients (n = 1112, 90.8%) were classified as very high risk, with 4.8%, 3.5%, and 0.3% of patients classified as high, moderate, and low risk, respectively, according to the 2019 ESC/EAS Guidelines for the management of dyslipidemia. Given that more than 90% of the patients in our study had atherosclerotic cardiovascular disease, there would be no significant change in the risk classification even if we had used the SCORE2 or SCORE2-OP models.

We appreciate your observation regarding the exclusion of patients with a glomerular filtration rate (GFR) below 30 mg/dL. As you correctly noted, this is not a contraindication for statin therapy in the context of high cardiovascular risk, according to the ESC guidelines. However, we planned to reassess these patients after 3 years to observe the long-term effects of adherence to the guidelines. Since patients with severe chronic kidney disease may progress to dialysis-dependent end-stage renal failure, which could lead to the discontinuation of statin therapy, we excluded those patients with a GFR below 30 mg/dL. The number of such patients was very small and unlikely to cause significant sample selection bias.

We agree with your suggestion that combination therapy is essential for achieving low-density lipoprotein-cholestrol (LDL-C) targets, especially in high-risk patients. Your comments regarding the reimbursement policies for ezetimibe in Türkiye are well noted. Given the limitations in access to combination therapies, we believe that policy revisions could enhance the accessibility of second-line therapies for patients who require additional LDL-C lowering. As mentioned in our study, the use of ezetimibe was notably low, with only 2.9% of patients being prescribed it. In Türkiye, the Social Security Institution reimburses ezetimibe only for patients who have been on statins for at least 6 months and have an LDL-C level above 100 mg/dL. This reimbursement policy could be a significant factor contributing to the low

Taner Şen

Department of Cardiology, Faculty of Medicine, Kütahya Health Sciences University, Kütahya, Türkiye

Corresponding author:
Taner Şen
✉ medicineman_tr@hotmail.com

Cite this article as: Şen T. Reply to letter to the editor: "Current guidelines should be taken into consideration in the management of dyslipidemia". *Anatol J Cardiol.* 2025;XX(X):1-2.

use of ezetimibe in the country. We fully agree that aligning the regulations of the Turkish Social Security Institution with scientific standards would greatly benefit the overall health of the country.

In conclusion, we sincerely appreciate your thoughtful questions and valuable insights. We hope our responses provide the necessary clarifications and contribute to a better understanding of our study.

We believe that the findings of our study underscore the importance of adhering to current guidelines and highlight the need for policy adjustments to improve patient care in Türkiye.

REFERENCES

1. Şen T, Dinç Asarcıklı L, Güven S, et al. Adherence to current dyslipidemia guideline in patients utilizing statins according to risk groups and gender differences: the AIZANOI study. *Anatol J Cardiol*. 2024;28(6):273-282. [CrossRef]
2. Naser A. Current guidelines should be taken into consideration in the management of dyslipidemia. *Anatol J Cardiol*. 2025.
3. Mach F, Baigent C, Catapano AL, et al. ESC/EAS Guidelines for the management of dyslipidaemias: lipid modification to reduce cardiovascular risk: the Task Force for the management of dyslipidaemias of the European Society of Cardiology (ESC) and European Atherosclerosis Society (EAS). *Eur Heart J*. 2019;41(1):111-188.
4. Visseren FLJ, Mach F, Smulders YM, et al. 2021 ESC Guidelines on cardiovascular disease prevention in clinical practice: developed by the Task Force for cardiovascular disease prevention in clinical practice with representatives of the European Society of Cardiology and 12 medical societies with the special contribution of the European Association of Preventive Cardiology (EAPC). *Rev Esp Cardiol (Engl Ed)*. 2022;75(5):429.