steroids are important. Our preliminary data suggest there might be a significant difference in impact on markers of atherosclerosis in different administration regimens of ERT.

Supported by grant IGA MZ CR NB/7588-3

W16-P-028 EFFECT OF CO-ADMINISTERING EZETIMIBE WITH ON-GOING SIMVASTATIN TREATMENT ON LDL-C GOAL ATTAINMENT IN CHD PATIENTS WITH HYPERCHOLESTEROLEMIA

M. Faria1, M. Falope2, R. Massaad3, M. Davies4, C. Allen4, 1Point Medical, Dijon, France; 2S. Andrea Hospital University of Rome "La Sapienza" & IRCCS Neuromed, Pozzilli, Italy; 3Merck & Co., Inc., Whitehouse Station, NJ, USA

Objective: To determine whether co-administering ezetimibe with on-going simvastatin treatment was more effective than placebo plus on-going simvastatin in achieving an LDL-C treatment target of <2.60 mmol/L in hypercholesterolemic patients with coronary heart disease (CHD).

Methods: Men and women (age ≥ 18 yrs) with documented CHD and on a stable dose (≥2 months) of simvastatin ≥20 mg for at least 6 weeks were recruited for this study. After a 4-week simvastatin 10 or 20 mg plus placebo and diet run-in period, patients were eligible for randomisation if LDL-C > 2.60 and ≤4.20 mmol/L and triglycerides (TG) ≤4.00 mmol/L. Eligible patients were randomized to a double-blind, parallel study with ezetimibe 10 mg coadministered with simvastatin 10 or 20 mg placebo to match ezetimibe coadministered with simvastatin 10 or 20 mg for 6 weeks.

Results: At baseline, mean LDL-C was comparable between the ezetimibe (3.14 mmol/L) and placebo (3.19 mmol/L) groups. The percentage of patients achieving the LDL-C goal of <2.60 mmol/L after 6 weeks of treatment was significantly (p < 0.001) greater in the ezetimibe group (74.5%) than in the placebo group (16.7%) when coadministered with on-going simvastatin. The coadministration of ezetimibe with on-going simvastatin treatment also resulted in a significantly (p < 0.001) greater mean percent reduction in LDL-C from baseline (25.2%) compared with placebo (0.9%). Ezetimibe was generally well tolerated compared to placebo when added to on-going simvastatin treatment.

Conclusions: Co-administering ezetimibe with on-going simvastatin 10 or 20 mg treatment for the dual inhibition of cholesteryl intestinal absorption and synthesis, allowed more hypercholesterolemic patients with CHD to reach the LDL-C treatment target of <2.60 mmol/L.

W16-P-027 ACHIEVE CHOLESTEROL TARGETS FAST WITH ATORVASTATIN STRATIFIED TITRATION: THE ACTFAST 2 STUDY

C.S. Farang1, E. de Teresa2, A. Gaw3, G.F. Censini4, L. Leiter5, P. Martinez6, A. Langer7, 11st Dept. of Internal Medicine, Semmelweis University, Budapest, Hungary; 2University of Malaga & V de la Victoria Hospital, Malaga, Spain; 3University of Glasgow, Glasgow, UK; 4Careggi Hospital, University of Florence, Florence, Italy; 5St. Michael’s Hospital, University of Toronto, Toronto, Canada; 6Pfizer Canada, Kirkland, Canada; 7St. Michael’s Hospital & Canadian Heart Research Centre, University of Toronto, Toronto, Canada

Objective: High-risk patients frequently fail to achieve recommended LDL goals. This care gap may be explained by initiation of statins at an insufficient starting dose and/or by the lack of subsequent titration. An approach based on matching the starting dose of statin to the baseline LDL value and to the 10-year coronary heart disease (CHD) risk level would facilitate achievement of targets. The objective of the ACTFAST 2 study was to validate such an approach.

Methods: ACTFAST 2 is a 12-week, prospective, parallel arm, open-label trial which enrolled high-risk subjects (either statin-naïve (SF) or statin-treated (ST) at baseline) with CHD or CHD equivalent (peripheral vascular disease or cerebrovascular disease), diabetes or a 10-year CHD risk > 20%. Subjects with LDL > 2.6 mmol/L, but ≤ 5.7 mmol/L, and triglycerides ≤ 6.8 mmol/L were assigned a starting dose of atorvastatin (10-80 mg/d) based on baseline LDL and status of statin use at screening. After 6 weeks, where possible, subjects not reaching LDL target were titrated to the next highest dose. The primary endpoint is the proportion of subjects reaching LDL target (< 2.6 mmol/L) after 12 week treatment.

Results: A total of 600 subjects were enrolled in 8 European countries. Overall, 61%, were male, mean age was 61 years 67% had CHD, 35% diabetes and 26% other CHD equivalents. At baseline 24%, 33%, 11% and 32% of subjects were assigned to 10, 20, 40 and 80 mg, respectively, fifty-eight percent were SF and 42% statin treated. At 12 weeks, 73% of SF subjects reached LDL target (75%, 77%, 79% and 68% with 10, 20, 40 and 80 mg, respectively) and 60% of ST subjects achieved target (65%, 62%, 46% with 20, 40 and 80 mg, respectively). In the SF group, LDL and TC decreased by a mean of 41.5% and 31%, respectively. Interestingly, in the ST group, atorvastatin led to an additional 31% and 23% reduction in LDL and TC over the statin used at baseline. Overall, the incidence of AST/ALT greater than 3 times of normal upper limit was 0.83% and no myopathy occurred.

Conclusions: This study confirms that use of a flexible starting dose of atorvastatin allows the large majority of high-risk subjects to achieve their LDL target safely at initial dose or with just a single titration. These results provide clinicians with a simple algorithm for managing high risk patients and enhancing their compliance as well.

W16-P-029 COMPARISON OF THE EFFICACY AND TOLERABILITY OF ROSUVASTATIN WITH ATORVASTATIN IN PATIENTS WITH HYPERCHOLESTEROLAEMIA: THE DISCOVERY PENTA STUDY

F.A.A. Fonseca1, M. Marotti2, 1Universidade Federal de Sao Paulo, Sao Paulo, Brazil; 2AstraZeneca, Macclesfield, UK

Objective: This 12-week, open-label, randomised, multinational (Brazil, Colombia, Mexico, Portugal and Venezuela) study compared the efficacy of rosuvastatin (RSV) 10 mg with atorvastatin (ATV) 10 mg to achieve the NCEP ATP III LDL-C goal. Patients were either statin-naive or switched from a starting dose of another