

TURIN,  
October  
25<sup>th</sup>-27<sup>th</sup>  
2018  
Starhotels  
Majestic

# GIORNATE CARDIOLOGICHE TORINESI



## Controversies in Preventative Cardiology

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# Controversy #1

## Aspirin vs no aspirin for primary prevention

- 65 yo non-diabetic man with obesity, no CVD with a 10-year CVD risk of 9%
- History of gastritis treated with omeprazol. No peptic ulcer. No history of GI bleeding
- States that aspirin causes bruises, not too worried about it
- Coronary calcium scan: 95% percentile

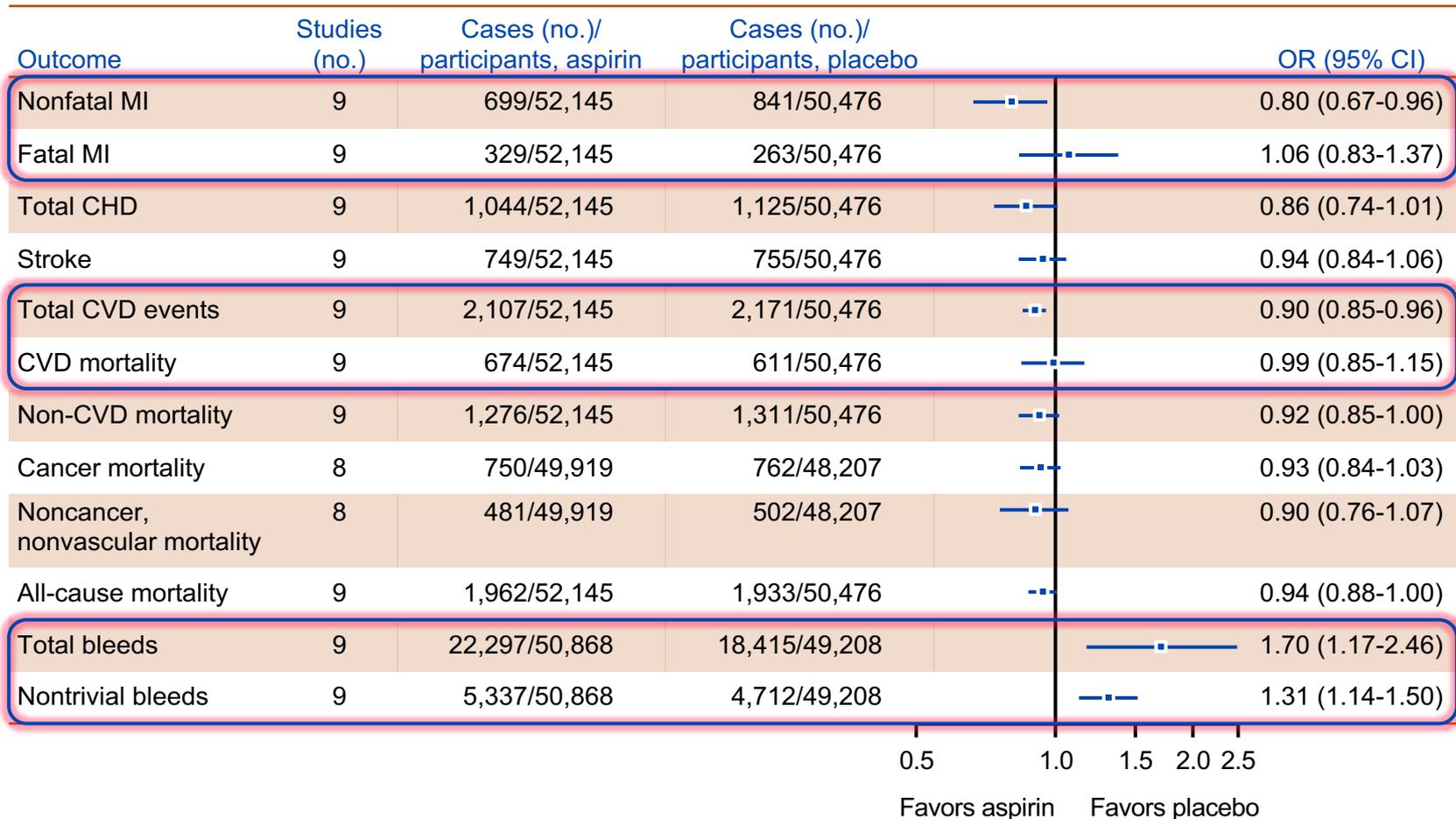


## Would you:

- a. Start low-dose aspirin for primary CVD prevention
- b. No aspirin



# Effect of Aspirin on Vascular and Nonvascular Outcomes



# Breaking News:



## The Surprising **FDA Reversal** on Aspirin

# August 2018

- ARRIVE High risk pts, no diabetes (Lancet)
- ASPREE Healthy people 70+ years (NEJM)

No benefit

- ASCEND Patients with diabetes (NEJM)

1% CV risk reduction

1% increase risk in major bleeding

# Take-Home Messages

- In most people, aspirin is not recommended for primary prevention of CVD
- Patients with diabetes and very low bleeding risk may benefit
- Patients with proven subclinical atherosclerotic disease and low bleeding risk may benefit



# Controversy #2

Saturated fats are bad vs saturated fats are not bad



# Question #1

- A. Saturated fats are bad
- B. Saturated fats are not bad
- C. Saturated fats are actually good



# Saturated Fats

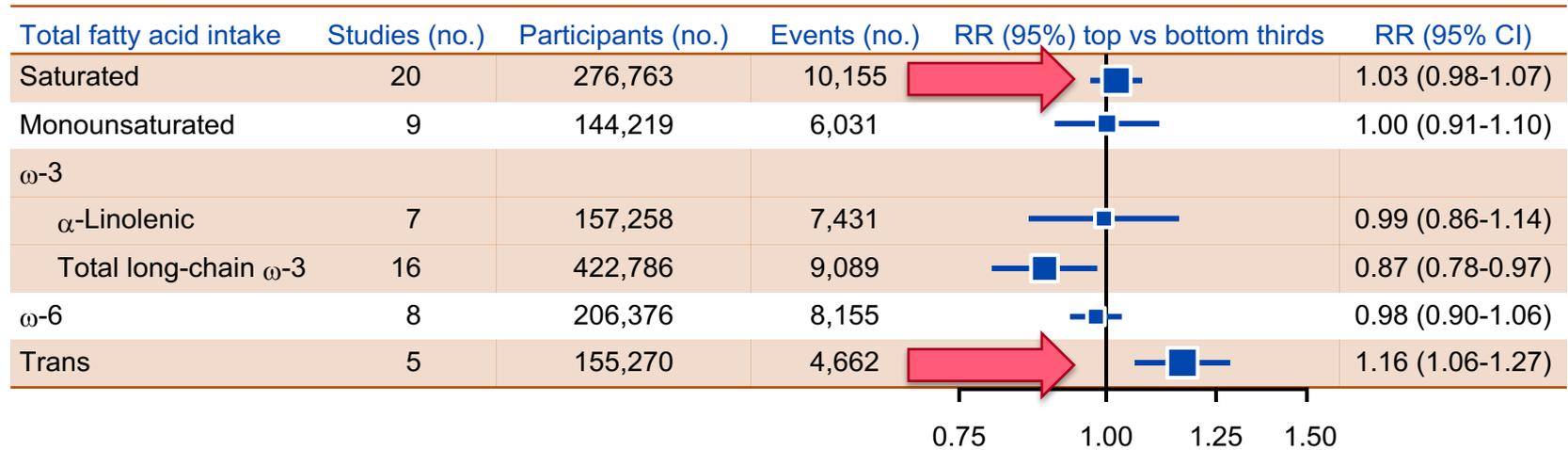
- Extensive epidemiologic studies before y2000
- Increased CVD risk



# Association of Dietary, Circulating and Supplement Fatty Acids With Coronary Risk

## A Systematic Review and Meta-analysis, 2014

- 32 observational studies (512,420 participants) of fatty acids from dietary intake
- 17 observational studies (25,721 participants) of fatty acid biomarkers
- 27 randomized, controlled trials (105,085 participants) of fatty acid supplementation



# Debriefing the Evidence

- Conclusion was: SatFats may not be harmful, trans fats are harmful
- Options
  - A. SatFats are truly not harmful, or
  - B. SatFats are harmful but studies cannot prove it
    - Dietary questionnaires
    - Low fat diets may not be healthy either
    - Evidence from animal experiments



# Take-Home Messages

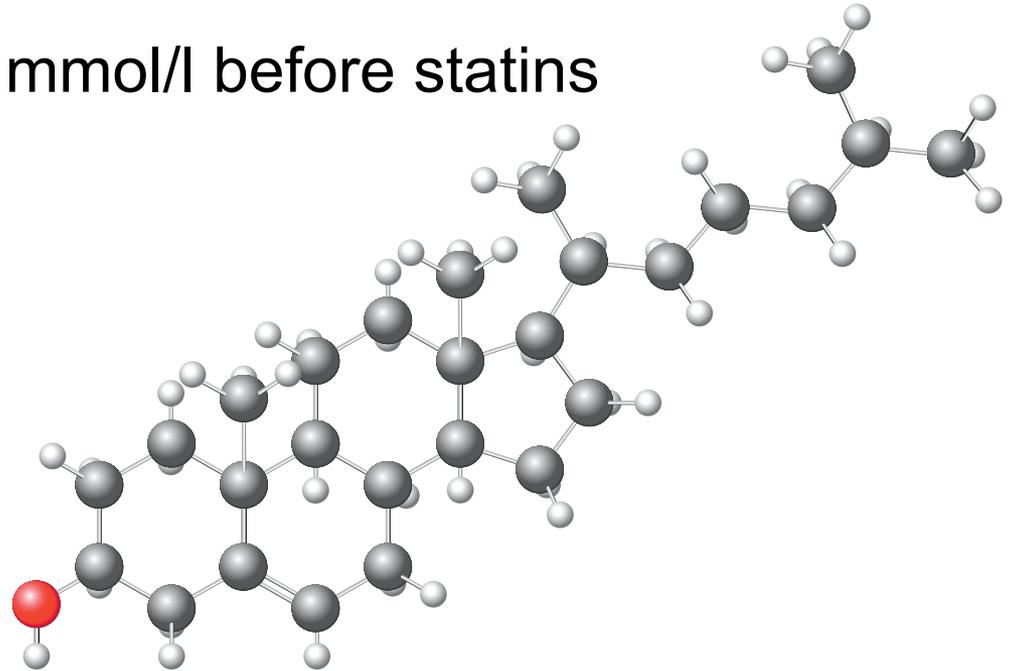
- Very strict restriction of saturated fats is not based on scientific evidence
- Excessive intake of saturated fats is probably harmful
- Eliminate or reduce intake of trans fats and processed meats



# Controversy #3

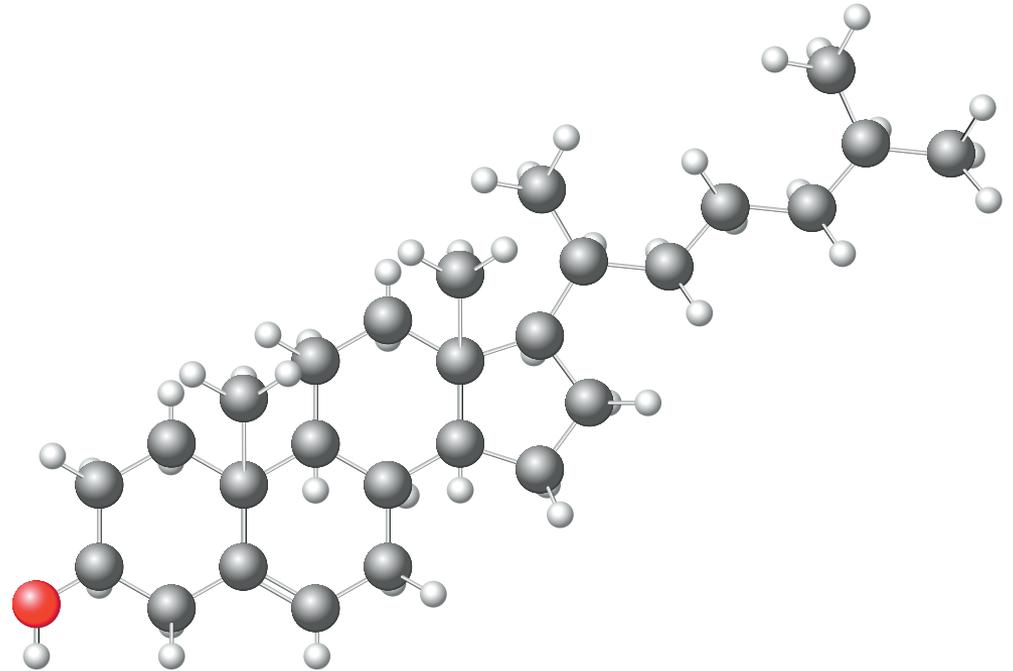
## Can LDL become “too low”?

- 67 yo woman with a STEMI a year ago. Type 2 DM, HTN. Past smoker
- On 80 mg atorvastatin. TC 2.3 mmol/l, normal triglycerides, HDL 1.06 mmol/l. LDL is 0.47 mmol/l mg/dL,
- Baseline LDL was 3.39 mmol/l before statins



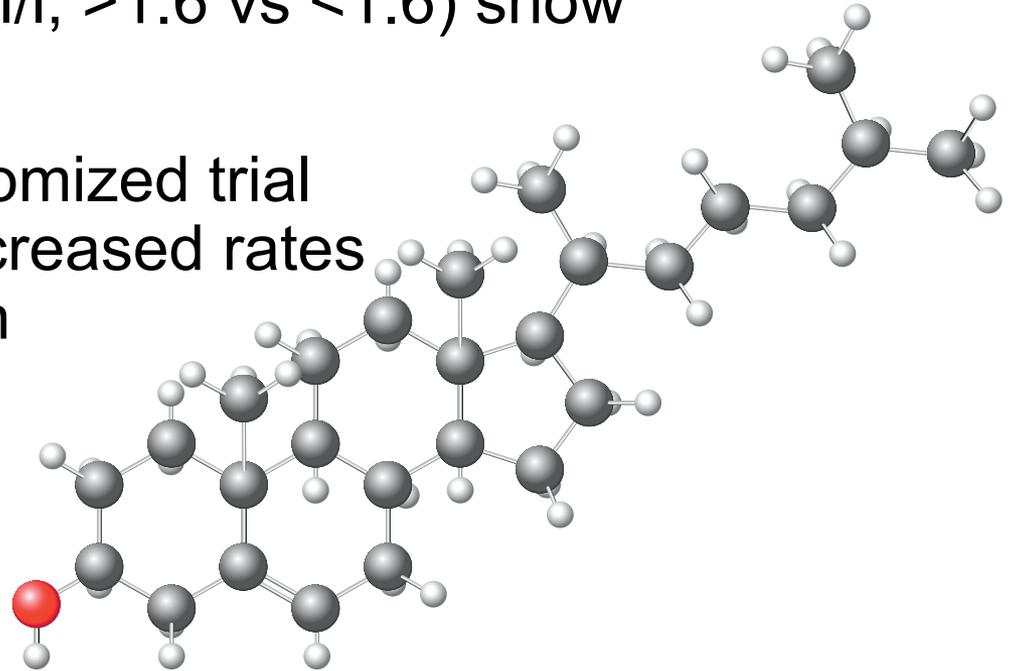
# What would you do?

- a. Stay with same dose of atorvastatin
- b. Lower the dose of atorvastatin
- c. Stop atorvastatin



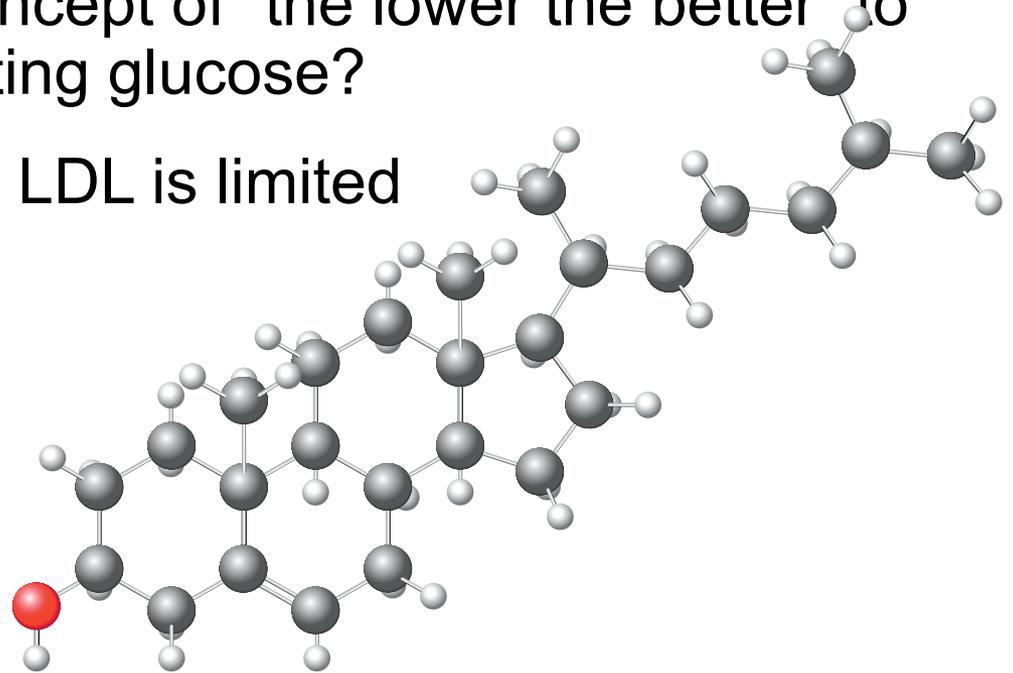
# Pros

- Total cholesterol and LDL-C relate to CVD events
- The lower the better, experts say
- Any subgroup analysis comparing low vs very low (1.8 mmol/l vs 1.6 mmol/l, >1.6 vs <1.6) show added clinical benefit
- Registry data and randomized trial data have shown no increased rates of adverse events when LDL <0.77 mmol/l



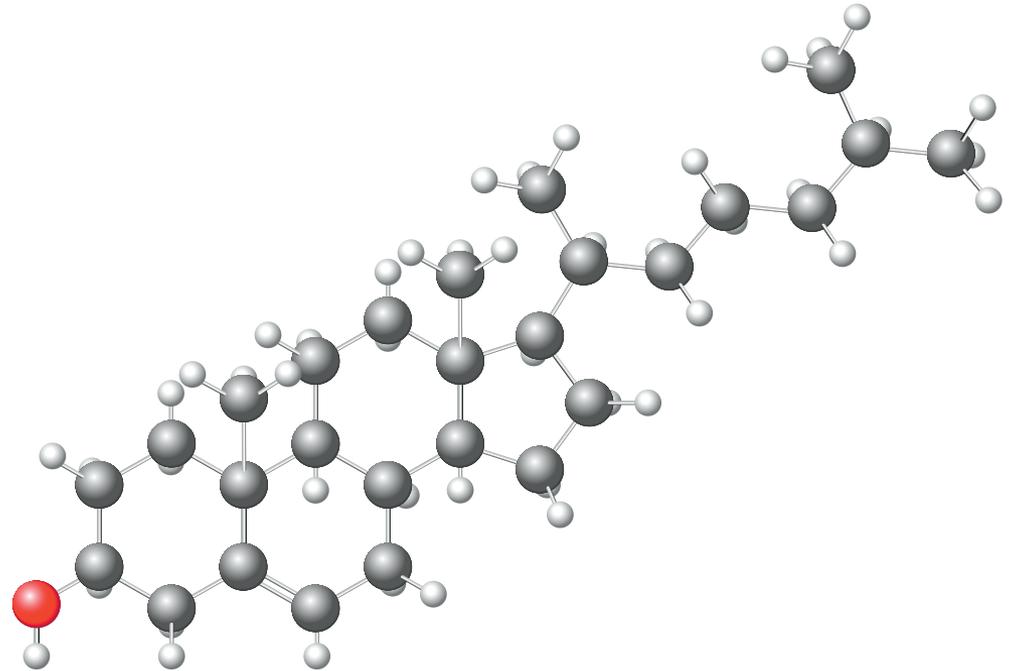
# Cons

- Epidemiologic studies have shown increased mortality with very low LDL values
- Data from FOURIER may not apply to my patient
- What if we apply the concept of “the lower the better” to blood pressure and fasting glucose?
- Safety data on very low LDL is limited to short term follow-up



# Take-Home Messages

- OK to think about residual risk, with caution
- Don't target very very levels of LDL
- Be cautious when LDL values get  $<1$  mmol/L....





Gratzie!  
@DrLopezHeart