

**WOUTER**

With drugs, if you have to take them lifelong, of course there is always an issue of adherence. That is for any drug. Statins, on average, are very safe. On average, they have very little side effects. The most well-known is, of course, myopathy. The problem is myopathy is everywhere in life. So if you're not on drugs, myopathy is also there.

**JUKEMA:**

And a lot of patients are nowadays somewhat reluctant to take a statin for life. We should reassure them that they should do their ultimate best because they're super medication. Adherence, nevertheless, can be a problem.

When we designed ODYSSEY Outcomes, actually we had one great problem-- possible problem. We thought, will the patients-- sometimes they will not even take their medication orally-- will the patients be on injections twice a month for years and years? And we thought that would be a big problem. We were really afraid at that time that patients would not tolerate the injections, would, let's say after six months, stop them.

The contrary appear to be in clinical practice. So that's what-- there is no substitute for just trying things. In the trial, it was no problem whatsoever. Adherence was absolutely great. A lot of patients even have the idea that if they give-- if they're getting the injection every two weeks, something is really done for them. They do something beneficial for themselves. And every two weeks, that appears to be quite reasonable.

So where we thought it would be an issue, I have the impression it's the other way around. To a certain extent, patients love to have this injection, because they really have the feeling that they are doing something good. They know that their LDL cholesterol will have an average, let's say, 50%, 60% additional reduction. And they have the feeling that when they do the injections, they are doing something very good for themselves.

And that's not what we had anticipated. We thought it would be cumbersome, but on the contrary. Also, my clinical practice now, outside the trial, is actually the same. Patients are very motivated to take the drug. The amount of people that stop it is minute, I would say. So, contrary to our expectations, it's very well-tolerated, and patients are-- I would not say loving it, but they are really committed to staying on the drug.

So I think this is one of the things you can only find out in practice. You can have expectations, but practice leads us the way.