SPEAKER: Well, let me start by saying that based on current and the 2013 and the 2018 guidelines, that you're going to treat these high risk patients, the CID patients, with moderate to high-intensity statin. And there are people who are going to get muscle side effects on those doses.

The way to approach this is to work with the patient on getting to the point where you can make them feel that some statin will help, but it's important to actually dechallenge the person first, get them off the statin, make sure those symptoms resolve before trying something else. And in many cases, people have been on two or three different statins at high doses before they see me. What I do then is I make sure they're off the statin, make sure the symptom has gone away, look for secondary causes, make sure they're not hypothyroid. Discuss with the patient the benefits of the statin, particularly those with coronary disease, and then work with them on trying to get them on some statin.

So one strategy-- and many of these patients are very reluctant to try another statin. So one strategy is to, say, take a very low dose of rosuvastatin or atorvastatin starting at once a week and allowing the patient to do a very gradual upward titration by themselves. And so I give them a schedule. I say, take a half of 5-milligram rosuvastatin once a week. After two weeks, if you're doing OK, go to twice a week. In another two weeks, go to three times a week, and go up to as high a dose as you can take, that you feel comfortable with.

And then what we'll do is see what the levels are there. We can add ezetimibe and then many patients get a further drop. And what I point out to the patient is that they'll get much more benefit from the PCSK9 if they start at a lower LDL. The effect of the PCSK9 is about a 50% drop in LDL from wherever they're starting when you add it. And so if you add it at 200, you'll get an LDL maybe at 100. In these high-risk coronary disease patient, that's really not good enough.

If you can get them on some statin and ezetimibe and have the LDL down at 150, you may be able to get them down to below 70. So it's definitely worthwhile. And even a low dose of a potent statin three or four times a week may be enough to give you a fairly nice drop, 20% to 30% drop in LDL. Every drop in LDL is important and the lower you can get, the better. So it's a process of working with people over time to get them on as much medication as they can take.

So it does require a lot of time and effort to make sure the patient understands, and that you've paid attention to their symptoms and that you explain to them what the benefits are. And many of them who already have had multiple stents, who have had bypass surgery, who have terrible family histories, who are relatively young, who have new kids, who have kids at home, who have grandchildren they want to see get through high school, many of them are motivated. It's just a matter of working with them.

And also I think putting a lot of the responsibility back on them, making them be in charge of some of this medication instead of a top-down approach, I think if you engage people that way that often works better. And you get a much better response from the PCSK9.