R³i goes global: Latin America launch at SOCESP March 22, 2014

Highlights from the R³i Roundtable:

Residual Risk Reduction initiative

From left to right: Prof. Raul Santos, Brazil; Dr Pablo Corral, Argentina; Prof. Michel Hermans, Belgium; Prof. César Rodríguez Gilabert, Mexico; Prof. Jean-Charles Fruchart, President R³i

Addressing Key Questions in Practice

Two key questions were discussed during the lively R³i roundtable:

- **Contributors to residual vascular risk: what factors beyond lipids should be considered?**
- **Atherogenic dyslipidaemia in current guidelines: where do we stand?**

In the context of Latin America, for which a high prevalence of hepatic steatosis among asymptomatic individuals has been demonstrated,[1] there was a call for consideration of inflammatory markers. Hepatic steatosis is characterised by accumulation of liver fat; the increase in circulating free fatty acids activates adipocytes and macrophages, resulting in inflammation driven by dysregulation of multiple adipokines and cytokines. Activation of adipose tissue macrophages also results in further ectopic fat deposition in the liver. However, the key question is which marker(s) should be measured, as understanding of the complex immune and inflammatory pathways that underlie progression from non-alcoholic fatty liver disease to steatosis are still not fully understood. Alternatively, measurement of serum transaminase levels was proposed.

The subsequent question, taking into account the publication of the 2013 American College of Cardiology/American Heart Association (ACC/AHA) guidelines for management of blood cholesterol,[2] generated much comment. These guidelines represent a paradigm shift in cholesterol management, shifting the focus from targets (LDL-C) to global risk, and the role of statin treatment in managing this risk. However, this approach runs counter to an extensive evidence-base as well as current thinking in other major guidelines, such as the Joint European Society of Cardiology (ESC)/European Atherosclerosis Society (EAS) Guidelines for Management of Dyslipidaemia.[3] Even more worryingly, the ACC/AHA guidelines disregarded the relevance of non-HDL-C (and apolipoprotein B_{100}) as secondary treatment targets in the high-risk patient with cardiometabolic abnormalities, and simply ignored the issues of how to manage lipid-related residual cardiovascular risk that persists in high-risk patients at LDL-C goal.

These important omissions imply that the ACC/AHA guidelines are simply not appropriate for Latin America. In a region characterised by a high prevalence of obesity, atherogenic dyslipidaemia – in particular low HDL-C – is the most prevalent dyslipidaemia, and an important modifiable driver of lipid-related residual vascular risk. Leading the discussion, Professor Fruchart highlighted the need for clinical guidance that recognises the unique issues of Latin America and is practicable. One approach suggested was the use of the International Atherosclerosis Society (IAS) Clinical guidelines, which advocate the use of non-HDL-C as a pragmatic and useful approach to monitoring atherogenic dyslipidaemia. However, there was also a call for specific clinical guidance to address the challenge of managing residual vascular risk in Latin America.

As a world-wide academic Foundation focused on addressing the challenge of residual vascular risk, this issue is consistent with the mission of the R3i. In response, Professor Fruchart announced that the R3i will prepare guidance which is relevant globally, taking into account the specific challenges that face key regions, in particular Latin America. It is anticipated that the draft guidelines will be available later this year. The R3i recommendations for managing residual microvascular risk will shortly be submitted. In addition to management of cardiometabolic risk factors and achievement of all goals, the R3i suggest consideration of adjunctive fenofibrate therapy to slow the progression of early-stage diabetic retinopathy in type 2 diabetes patients, subject to evaluation of the relative benefit versus risk of this therapy.

'Latin America is a very important region for the R3i. The population of Latin America clearly differs from that of North America, which provides a strong rationale for the development of relevant guidelines that are based on regional evidence. The R3i will rise to this challenge to provide clinical guidance that recognises the issues of this region, and addresses the relevance of both lipid and non-lipid contributors to residual vascular risk.'

Prof. Jean-Charles Fruchart

References

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2. Stone NJ, Robinson J, Lichtenstein AH et al. 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults. J Am Coll Cardiol 2013; doi:10.1016/j.jacc.2013.11.002.

3. Reiner Z, Catapano AL, De Backer G et al. ESC/EAS Guidelines for the management of dyslipidaemias. Eur Heart J 2011; 32: 1769–818.