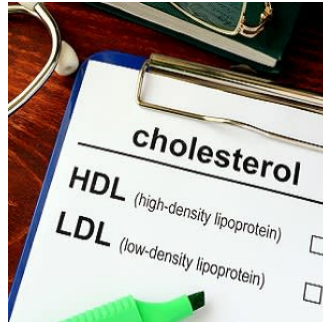


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## More Evidence Backs LDL Target Below 70



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A trial was conducted to evaluate the benefit of targeting a LDL (low-density lipoprotein) cholesterol of <70 mg/dL to reduce the risk of cardiovascular events. The TST trial (Treat Stroke to Target) included 2860 patients with ischaemic stroke with atherosclerotic stenosis of cerebral vasculature or aortic arch plaque >4 mm, in a French and Korean population. The patients were followed up for 5.3 years in the French population and for 2 years in the Korean population. The use of statins has already been established as an important therapeutic approach for cardiovascular risk reduction. In this report, TST results in the French cohort have been reported.

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One thousand seventy-three French patients were assigned to <70 mg/dL (1.8 mmol/L) and 1075 to 100±10 mg/dL (90–110 mg/dL, 2.3–2.8 mmol/L). Investigators used the statin and dosage of their choice and on top of this, added ezetimibe whenever needed. The primary outcome of the study was the composite of ischaemic stroke, myocardial infarction, new symptoms requiring urgent coronary or carotid revascularisation and vascular death.

As per the results of the study, after a median follow-up of 5.3 years, the achieved LDL cholesterol was 66 (1.69 mmol/L) and 96 mg/dL (2.46 mmol/L) on average, respectively. The primary end point occurred in 9.6% and 12.9% of patients, respectively. Cerebral infarction or urgent carotid revascularisation following transient ischaemic attack was reduced by 27%. Cerebral infarction or intracranial haemorrhage was reduced by 28%. The primary outcome or intracranial haemorrhage was reduced by 25%. Intracranial haemorrhages occurred in 13 and 11 patients, respectively.

These findings suggest that after an ischaemic stroke of documented atherosclerotic origin, it was better to target a LDL cholesterol of <70 mg/dL during 5.3 years to avoid 1 subsequent major vascular event in 4 and no increase in intracranial haemorrhage.

Source: [Stroke](#)

Image Credit: iStock

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