



Effective Health Care

Combination Treatments for Dyslipidemia Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Combination treatments for dyslipidemia was found to be addressed by a recent comparative effectiveness review titled *Comparative Effectiveness of Combinations of Lipid-Modifying Agents* which was posted to the AHRQ Web site on September 1, 2009 and may be found at http://effectivehealthcare.ahrq.gov/ehc/products/11/171/2009_0901Lipids.pdf. Given that the report covers this nomination, no further activity will be undertaken on this topic.

Topic Description

- Nominator:** Health care professional association
- Nomination Summary:** The nominator is interested in what medication combinations can be used to achieve lipid targets when a single medication does not work, how effective these treatment combinations are, and what harms may result from drug-drug interactions.
- Key Questions from Nominator:**
1. What are the medication combinations for treatment of dyslipidemia in adults when a single medication does not achieve recommended lipid values?
 2. What is the evidence for harms and benefits of different possible combinations of medications for the treatment of dyslipidemia in adults?

Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- This topic was found to be addressed by a comparative effectiveness review titled *Comparative Effectiveness of Combinations of Lipid-Modifying Agents*. The key questions from this report include:
 1. For patients who require intensive lipid-modifying therapy, what are the comparative long-term benefits and rates of serious adverse events of co-administration of different lipid-modifying drugs compared with high doses of a statin?
 2. Do these regimens differ in reaching LDL-c targets, short-term side effects, tolerability, and adherence?

3. Compared with high-dose statins and to one another, do combination regimens differ in benefits and harms within subgroups of patients, including demographic subgroups (race, ethnicity, and gender); patients taking concomitant medications (e.g., patients taking drugs for HIV or organ transplant); older, frail persons, those with multiple diseases, or those taking multiple medications; and patients who abuse alcohol, have liver disease, or renal disease?

Treatment combinations considered in this review include:

- a statin plus niacin (short- and long-acting forms)
- a statin plus a fibrate
- a statin plus ezetimibe
- a statin plus a bile acid sequestrant
- a statin plus omega-3 fatty acids