



BEMPEDOIC ACID IN PRIMARY CARE: REAL-WORLD STUDY ON EFFECTIVENESS, ADHERENCE, AND SAFETY



HERAS HIDALGO¹, A. USARRALDE PEREZ², J.M. RAMON GARCIA², A.I. PABLOS MATEOS², A. BLAZQUEZ VALERON², M.A. CRUZ MARTOS², M. RODRIGUEZ MARIN², H. GAVILAN GIGOSOS¹, I. MARIN ESPINOSA¹, A. BALDOMINOS CORDON¹, A.M. HORTA HERNANDEZ¹.

¹HOSPITAL UNIVERSITARIO DE GUADALAJARA, HOSPITAL PHARMACY, GUADALAJARA, SPAIN.

²SERVICIO MADRILEÑO DE SALUD, PRIMARY CARE PHARMACY - DIRECCIÓN ASISTENCIAL SUR, MADRID, SPAIN.

4CPS-260

BACKGROUND AND IMPORTANCE

Bempedoic acid (BA), a novel lipid-lowering agent, has recently been introduced into clinical practice, offering an alternative for patients with statin intolerance or inadequate lipid control. However, real-world evidence remains scarce.

AIM AND OBJECTIVES

To evaluate the effectiveness, adherence, and safety of bempedoic acid treatment in primary care patients.

MATERIAL AND METHODS



A quasi-experimental, pre-post intervention, retrospective, multicenter study was conducted in 10 primary care centers (September 2023–September 2024)

- The study was approved by a Research Ethics Committee for Medicine. All patients prescribed BA by general physicians were included, excluding patients who had died. For effectiveness analysis, patients with treatment duration <12 weeks or without follow-up laboratory tests were excluded.
- Variables collected:
 - * Demographics: sex, age.
 - * Pharmacological: indication for BA, prior lipid-lowering therapy, intolerances.
 - * Laboratory: LDL-C, total cholesterol, HDL-C pre-post treatment.
 - * Adherence: proportion of dispensed packages vs. theoretical based on dosing regimen.
 - * Safety: adverse reactions (ARs), treatment discontinuation reasons.
- Data were extracted from electronic health records and prescription billing databases. Quantitative variables were expressed as medians and interquartile ranges (IQR). Qualitative variables were expressed absolute frequencies and percentages. The Wilcoxon test was applied for pre-post comparisons, with significance set at $p < 0.05$.

RESULTS

Seventy patients were included (50% female, median age 63 years [IQR 57.3–69.8]); 78.6% had cardiovascular disease, 15.7% primary hypercholesterolemia, and 5.7% mixed dyslipidemia. Statin intolerance was present in 54.3% and ezetimibe intolerance in 17.1%

7 patients reported ARs

Myalgia n=3, gastrointestinal discomfort n=2, edema n=1, arthralgia n=1

Effectiveness analysis

50 patients with a median follow-up of 25.1 weeks (IQR 18.5–34.9). Significant reductions were observed in LDL-C (–24.0%), total cholesterol (–16.7%), and HDL-C (–7.8%).

Thirty-two percent achieved an LDL-C <55 mg/dL.

Adherence > 80% was reached in 77.1% of patients

CONCLUSION AND RELEVANCE

-In real-world primary care, BA treatment achieved LDL-C and total cholesterol reductions comparable to pivotal trials, with satisfactory adherence.

-The safety profile was acceptable, although some ARs resulted in discontinuation.

-Pharmacists in primary care can play a key role in monitoring effectiveness, adherence, and safety of BA therapy.

