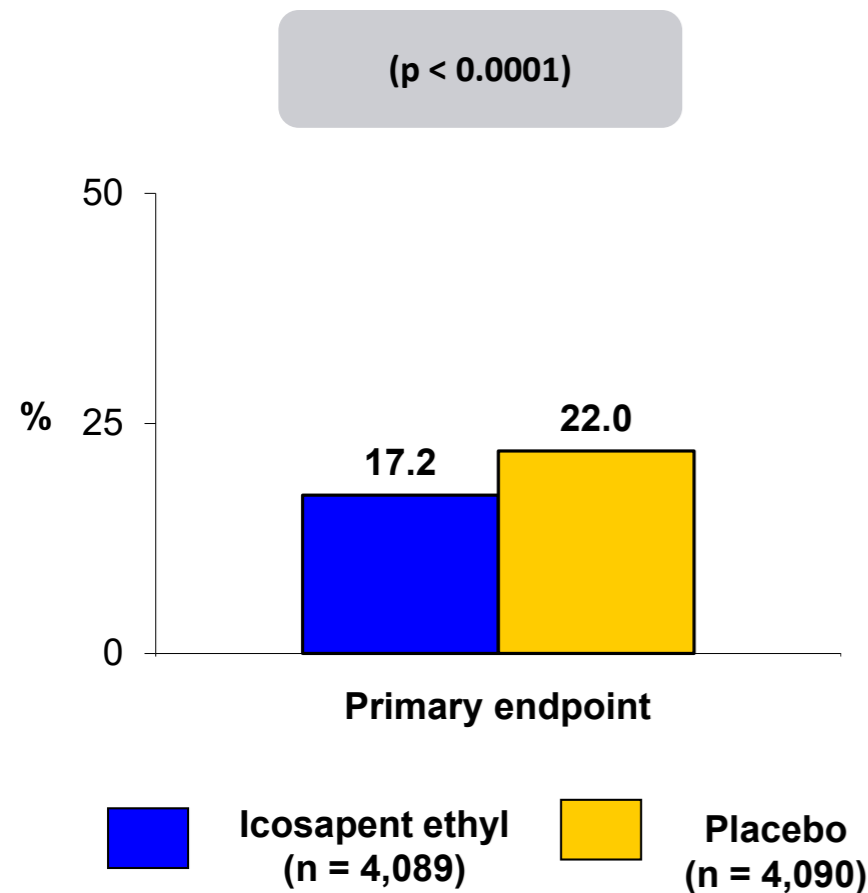


REDUCE-IT

#AHA18



Trial description: Patients at high CV risk with high triglycerides (TGs) were randomized in a 1:1 fashion to either icosapent ethyl (2 g twice daily) or matching placebo. Patients were followed for 4.9 years.



RESULTS

- Primary endpoint: CV death, MI, stroke, coronary revascularization, or unstable angina: icosapent ethyl vs. placebo: 17.2% vs. 22.0%, HR = 0.75, 95% CI 0.68-0.83, $p < 0.0001$
- At 1 year, Δ TG: -39.0 mg/dl vs. 4.5 mg/dl; Δ LDL: 2 vs. 7 mg/dl
- All MI: 6.1% vs. 8.7%, $p < 0.001$; mortality: 6.7% vs. 7.6%, $p = \text{NS}$

CONCLUSIONS

- Use of icosapent ethyl 2 g twice daily was superior to placebo in reducing TGs and CV events among patients with high TGs already on statin therapy for both primary and secondary prevention
- Interesting findings; several prior negative trials with n-3 fatty acid

Bhatt DL, et al. N Engl J Med 2019;380:11-22