
ATORIS®
atorvastatin
ATORIS and patients from international clinical practice
TRUST YOU CAN TRUST
20 Years of EXPERIENCE
KRKA

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This book contains case studies from real clinical practice. As many as 15 doctors from 14 countries shared with us how they treated high cardiovascular risk patients. Krka did not select these cases and did not influence the presentations of physicians. The views of the authors may not necessarily reflect the views of the book's collaborator, publisher or its medical representatives. You can enrich this book of case studies also by contributing cases from your clinical practice.

TRUST YOU CAN TRUST

We would like to thank the physicians and the collaborator for their contribution to this book.

AMAZING GLOBAL STORY STARTED IN 2002...

LAUNCH of ATORIS® (1)

2002

...as the 1st generic atorvastatin in Europe (2)

INTER-ARS clinical study

2006

Atoris – the first generic with a head-to-head comparison with the originator's atorvastatin* (3, 4)

PROVEN in clinical studies (5)

2006 – 2008

- ★ INTER-ARS
- ★ OSCAR
- ★ FARVATER
- ★ ATLANTICA
- ★ ATOP

LAUNCH of **additional strengths** (6, 7)

2011

First available in **30 mg** and **60 mg**

THE LEADING STATIN

2014

... in terms of value and volume sales* (8)

ATORNOVA study

2015 – 2018

...first clinical evidence for **Atoris 30 mg** and **60 mg** (9, 10)

More than **1 billion tablets** of Atoris

2020

... were dispensed due to the great need for treatment (11)

20 YEARS of TRUST YOU CAN TRUST

2022

ATORIS® (1)

* In the markets of Central, Eastern and South-Eastern Europe

PREFACE

prim. Matija Cevc, MD, internist

Universal Medical Centre
Ljubljana
Slovenia

ATORIS®

I have been dealing with lipid metabolism disorders all my professional life. I remember very well how in the beginning we tried to reduce hyperlipidemias with various drugs, yet the effectiveness of those drugs was feeble and therefore the treatment (un)successful. The sun shone in the field of dyslipidemia for the first time after statins were introduced into clinical practice and the famous 4S study was published – it was the first to show that lowering cholesterol also led to improved survival of patients with coronary heart disease. (12) *Back then the goals of treatment were completely different from what they are today. At least in Slovenia, cholesterol was considered to be elevated only at levels above 6.8 mmol/L (263 mg/dL).*

A major leap forward in the treatment of dyslipidemias and thus the treatment of atherosclerotic vascular disease was the introduction of synthetic statins, especially atorvastatin, which are significantly more potent and can thus achieve significantly better control of hyperlipidemia. The first study that showed atherosclerosis can be reversed with intense treatment of hyperlipidemia was conducted using atorvastatin. (13) *The first study that showed the usefulness of early initiation of statin therapy after an acute coronary event was also conducted with atorvastatin.* (14)

THE SUN SHONE IN THE FIELD OF DYSLIPIDEMIA FOR THE FIRST TIME AFTER STATINS WERE INTRODUCED INTO CLINICAL PRACTICE AND THE FAMOUS 4S STUDY WAS PUBLISHED – IT WAS THE FIRST TO SHOW THAT LOWERING CHOLESTEROL ALSO LED TO IMPROVED SURVIVAL OF PATIENTS WITH CORONARY HEART DISEASE.[12]

Of course, this drug was expensive at the beginning and therefore quite inaccessible to patients. The real breakthrough was the introduction of Atoris, which Krka "brought to the market" practically on the same day as it was legal and permissible. This has significantly improved and facilitated the treatment of dyslipidemias in many countries, which would not have access to highly effective statins for a long time without this substance. The breakthrough idea was to use, in addition to the classic doses, also intermediate doses, which allowed significantly better titration and thus reduced the incidence of adverse effects accompanying the use of the highest doses.

It is therefore all the more justified to celebrate the 20th anniversary of the introduction of Atoris into the clinical practice of European countries. The examples presented in this book show just how important this medicine has been in the management of dyslipidemia in Europe and highlights the issues faced by doctors in trying to provide optimal medical treatment to their patients in regard to statin prescribing restrictions. We hope that in the future such issues will become as rare as possible – Krka's range of lipolytic drugs will undoubtedly contribute to such developments.

APPARENTLY HEALTHY PERSONS

Persons without established atherosclerotic cardiovascular disease, diabetes mellitus, chronic kidney disease, familial hypercholesterolemia

20 Years of EXPERIENCE

CASE 1

Parsa Babak, MD, cardiologist

Outpatient clinic
Bucharest
Romania

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PATIENT:	♂ 46-year-old male
INDICATION:	treatment for primary prevention of dyslipidemia
RISK FACTORS:	stressful and sedentary lifestyle, grade 3 AH, overweight (BMI 29 kg/m^2), smoking
LABORATORY REPORT (2017):	**TC** = 7.4 mmol/L (286 mg/dL), **HDL-C** = 0.8 mmol/L (32 mg/dL), **TGC** = 3.4 mmol/L (298 mg/dL), **LDL-C** = 5.0 mmol/L (194 mg/dL)
CV RISK CATEGORY*:	high risk
OPTIMIZATION OF THE THERAPY:	**Atoris 40 mg** (since the last change in 2018)
OTHER CONCOMITANT THERAPY:	perindopril/amlodipine/indapamide 4 mg/5 mg/1.25 mg

SHORT DESCRIPTION:

The patient came for a consultation due to uncontrolled blood pressure and lipid profile despite receiving medical treatment.

After assessing the total risk of the patient, the current treatment was established taking into account the maximum decrease in cardiovascular risk at the recommended level with a neutral metabolic effect.

The initial hypolipidemic treatment with simvastatin was changed to Atoris; LDL-C levels returned to satisfying level after adjustment (in 2018) to the prescribed dose.

It should be noted that Atoris therapy was well tolerated by the patient at the recommended dose; additionally, the results obtained with Atoris treatment motivated the patient to continue with the indicated treatment.

** At the time of the patient's last examination, treatment was followed according to 2016 ESC/EAS guidelines.*

MY CASE

PATIENT:	
INDICATION:	
RISK FACTORS:	
LABORATORY REPORT (_____):	
CV RISK CATEGORY:	
OPTIMIZATION OF THE THERAPY:	
OTHER CONCOMITANT THERAPY:	

SHORT DESCRIPTION:

20 Years of EXPERIENCE

WHY DO YOU TRUST ATORIS?

Over the years I have treated many patients with Atoris, which allowed me to lower the lipid profile to optimal levels in most patients.

This drug is very well tolerated and the side effects are insignificant. Moreover, the price-quality ratio is a favorable one that makes the treatment available for a large number of patients who need an effective and safe hypolipidemic treatment.

Based on my own experience and patients feedback, I recommend Atoris as the first choice for patients with dyslipidemia.

Parsa Babak, MD, cardiologist,
Romania

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PATIENTS WITH ESTABLISHED ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

20 Years of EXPERIENCE

CASE 2

Ljupcho Ivanov, MD, internist

Polyclinic Idadija Health Center
Skopje
North Macedonia

PATIENT:	♂ 62-year-old male
INDICATION:	secondary prevention, increased levels of LDL-C, TC and TG, CAD – stent implantation
RISK FACTORS:	ex-smoker (30 years ago); anamnesis for variant (Prinzmetal) angina (with an orderly coronary finding, 23 years ago), glycaemia limit values, regulated AH
LABORATORY REPORT (2020):	**TC** = 3.4 mmol/L (131 mg/dL), **HDL-C** = 1.7 mmol/l (66 mg/dL), **TGC** = 1.5 mmol/L (133 mg/dL), **LDL-C** = 1.0 mmol/L (39 mg/dL)
CV RISK CATEGORY*:	● very high risk
OPTIMIZATION OF THE THERAPY:	**Atoris 40 mg**
OTHER CONCOMITANT THERAPY:	enalapril/HCTZ 10 mg/25 mg, metoprolol 50 mg, ASA 100 mg

SHORT DESCRIPTION:

Initially the patient was treated with Atoris 20 mg due to increased levels of TC and LDL-C, leading a poor quality lifestyle with an irregular diet, poor physical activity and stress.

In 2018 angina difficulties began with occasional chest pain. The patient underwent a stress test and selective coronary angiography as a result. Stenosis of one of the coronary arteries was discovered, which required a stent implant. The patient was treated with the maximum daily dose of Atoris 80 mg after which his lipid status was regularly checked, leading to the target levels of LDL-C and TG; his blood pressure and ECG status are in order. In 2020, the patient's therapy was optimized in accordance with local recommendations* and he was recommended to continue with the dose of Atoris 40 mg and concomitant antihypertensive therapy.

** In accordance with local recommendation, Atoris 80 mg is given continuously for one year after stent implantation. When the target levels are reached, the statin is titrated to a lower dose.*

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CASE 3

Christopher Wolf, MD, cardiologist

Medical center Arthros
Vienna
Austria

PATIENT:	♀ 52-year-old female
INDICATION:	STEMI
RISK FACTORS:	smoking (35 packs/year), dyslipidemia and elevated lipoprotein(a)
LABORATORY REPORT (2018):	**TC** = 5.0 mmol/L (193 mg/dL), **HDL-C** = 2.0 mmol/L (77 mg/dL), **TGC** = 1.2 mmol/L (105 mg/dL), **LDL-C** = 2.5 mmol/L (95 mg/dL)
CV RISK CATEGORY:	● very high risk
OPTIMIZATION OF THE THERAPY:	**Atoris 80 mg** (since the last change in 2018)
OTHER CONCOMITANT THERAPY:	clopidogrel 75 mg, ASA 100 mg, amlodipine 5 mg, pantoprazole 20 mg

SHORT DESCRIPTION:

A 52-year-old female was presented to the ER with chest pain and STEMI at 1:30 AM. Coronary angiography revealed a complete occlusion of the LAD; primary PCI was performed and the patient was started on DAPT, BB, ACE-I and in accordance with the PROVE IT -TIMI 22 trial with a high dose atorvastatin 80 mg. Her LDL-C dropped to 1.3 mmol/L (52 mg/dL) and at this point she has remained at target LDL-C for the last 3 years of follow up.

20 Years of EXPERIENCE

CASE 4

Aneta Klotzka, MD, PhD,
cardiologist

1st Department of Cardiology, University of Medical Science
Poznan
Poland

PATIENT:	♂ 67-year-old male
INDICATION:	hypercholesterolemia, secondary prevention – condition after MI 4 years ago
RISK FACTORS:	smoker, hypertension, obesity (BMI 31 kg/m^2), lack of physical activity, positive family history
LABORATORY REPORT (2018):	**TC** = 5.7 mmol/L (220 mg/dL), **HDL-C** = 1.5 mmol/L (59 mg/dL), **TGC** = 1.8 mmol/L (165 mg/dL), **LDL-C** = 3.3 mmol/L (128 mg/dL)
CV RISK CATEGORY:	● very high risk
OPTIMIZATION OF THE THERAPY:	**Atoris 60 mg** (since the last change in 2020)
OTHER CONCOMITANT THERAPY:	perindopril 4 mg, indapamide 1.5 mg, ASA 75 mg

SHORT DESCRIPTION:

A post-MI patient (secondary prevention) should have an LDL-C 1.4 mmol/L (55 mg/dL) and at least 50% reduction from baseline. According to the Roberts' rule, atorvastatin at a dose of 80 mg/day should be used to lower LDL-C > 50%. The patient was on a dose of 80 mg/day for 8 months, including diet changes and physical activity. It was possible to reduce the dose to 60 mg/day with an LDL-C of 1.6 mmol/L (62 mg/dL) since patient is reluctant to take statins.

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CASE 5

doc. Nikola Bulj, MD, PhD,
cardiologist

Clinical Hospital Center "Sisters of Mercy"
Zagreb
Croatia

PATIENT:	♂ 57-year-old male
INDICATION:	AMI
RISK FACTORS:	hypercholesterolemia, AH, smoking
LABORATORY REPORT (2018):	**TC** = 5.5 mmol/L (213 mg/dL), **HDL-C** = 0.9 mmol/L (35 mg/dL), **TGC** = 2.1 mmol/L (186 mg/dL), **LDL-C** = 3.7 mmol/L (143 mg/dL)
CV RISK CATEGORY:	● very high risk
OPTIMIZATION OF THE THERAPY:	**Atoris 30 mg** (since the last change in 2019)
OTHER CONCOMITANT THERAPY:	perindopril 8 mg, bisoprolol 5 mg, amlodipine 5 mg, ASA 100 mg

SHORT DESCRIPTION:

A very high-risk patient after AMI and PCI implantation. Treatment was introduced at the dose of 80 mg. After rehabilitation and lifestyle modification (diet, physical activity), the dose was lowered. After one year of treatment, LDL-C levels did not reach target levels and the patient could not tolerate 40 mg due to limb pain. We lowered the treatment to 30 mg, which the patient did tolerate.

20 Years of EXPERIENCE

CASE 6

Zbynek Cejnar, MD,
general practitioner

Private general practitioner's office
Hradec Králové
Czechia

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PATIENT:	♂ 76-year-old male
INDICATION:	dyslipidemia, chronic lower limb ischemia
RISK FACTORS:	smoking 10 cigarettes/day, overweight, AH
LABORATORY REPORT (2018):	**TC** = 6.4 mmol/L (248 mg/dL), **HDL-C** = 1.0 mmol/L (39 mg/dL), **TGC** = 1.3 mmol/L (115 mg/dL), **LDL-C** = 5.1 mmol/L (197 mg/dL)
CV RISK CATEGORY:	● very high risk
OPTIMIZATION OF THE THERAPY:	**Atoris 40 mg and ezetimibe** (since the last change in 2020)
OTHER CONCOMITANT THERAPY:	allopurinol 100 mg, telmisartan 80 mg, amlodipine 10 mg, ASA 100 mg

SHORT DESCRIPTION:

In October 2020, the patient was diagnosed with chronic lower limb ischemia. That is why we increased the dose of Atoris to 40 mg. The lipid levels of TC and LDL-C were 4.0 mmol/L (155 mg/dL) and 2.3 mmol/L (89 mg/dL), respectively. Since we did not achieve the target values we introduced ezetimibe. The laboratory values in 2020 were 3.6 mmol/L (139 mg/dL), 2.0 mmol/L (77 mg/dL), 1.0 mmol/L (39 mg/dL), 1.2 mmol/L (106 mg/dL), for TC, LDL-C, HDL-C and TG, respectively.

MY CASE

PATIENT:	
INDICATION:	
RISK FACTORS:	
LABORATORY REPORT (_____):	
CV RISK CATEGORY:	
OPTIMIZATION OF THE THERAPY:	
OTHER CONCOMITANT THERAPY:	

SHORT DESCRIPTION:

20 Years of EXPERIENCE

WHY DO YOU TRUST ATORIS?

A high dose regimen of simvastatin in the SEARCH study showed no benefit for MACE; there was no difference in outcomes after 5 years between 20 mg of simvastatin and 80 mg of simvastatin, but safety was an issue as there were 18x more cases of myopathy! Other statins have, to this date, also not been evaluated in this setting, therefore the evidence is in favor of atorvastatin only.

Christopher Wolf, MD, cardiologist, Austria

Atorvastatin is my statin of choice after AMI.

doc. Nikola Bulj, MD, PhD, cardiologist, Croatia

Through this case and many other cases from my daily clinical practice I can conclude that achieving LDL-C target values is essential in reducing the risk of recurrence of cardiovascular and cerebrovascular events. Atoris has been my reliable partner for 15 years already, improving and prolonging the quality of life of my patients.

Ljupcho Ivanov, MD, internist, North Macedonia

ATORIS®

20 Years of EXPERIENCE

WHY DO YOU TRUST ATORIS?

It´s working, high quality of Krka.

Zbynek Cejnar, MD, general practitioner, Czechia

Tested, proven, effective.

Aneta Klotzka, MD, PhD, cardiologist, Poland

ATORIS®

SPECIFIC RISK CONDITIONS

- Diabetes mellitus

20 Years of EXPERIENCE

CASE 7

Lilijana Ločniškar, MD,
family medicine specialist

Medical institution Revita
Ljubljana
Slovenia

PATIENT:	♂ 71-year-old male
INDICATION:	hyperlipidemia; NSTEMI-ACS of the lateral wall associated with two-vessel coronary artery disease with 90% LCX stenosis and 80% RCA stenosis. Both stenoses were managed by two DES stents.
RISK FACTORS:	obesity (BMI 35 kg/m^2), lack of physical activity, heavy smoker for 27 years, untreated hypelipidemia, DM2
LABORATORY REPORT (2013):	**TC** = 7.2 mmol/L (278 mg/dL), **HDL-C** = 1.4 mmol/L (54 mg/dL), **TGC** = 1.8 mmol/L (159 mg/dL), **LDL-C** = 5.0 mmol/L (193 mg/dL)
CV RISK CATEGORY:	● very high risk
OPTIMIZATION OF THE THERAPY:	**Atoris 40 mg + ezetimibe** (since the last change in 2021)
OTHER CONCOMITANT THERAPY:	ASA 100 mg, bisoprolol 2.5 mg, finasteride 5 mg, metformin 2 x 1000 mg, insulin degludec/liraglutide

SHORT DESCRIPTION:

In August 2002, the patient survived after a NSTEMI-ACS of the lateral wall associated with two-vessel coronary artery disease with 90% LCX stenosis and 80% RCA stenosis. Both stenoses were managed by two DES stents. DM2 was diagnosed during hospitalization, for which the only recommendation until then was a lifestyle change involving more physical activity and a healthier diet. He stopped smoking immediately after the event and has not started since. Since DM deteriorated, treatment with gliclazide 60 mg was initiated in 2004 and later increased to 120 mg, with a gradual addition of metformin up to the final dose of 2 x 1000 mg. In 2013, in view of non-optimal lipid management, I decided to increase atorvastatin (Atoris) dose from 20 to 40 mg. In the subsequent years, the patient had to undergo several joint replacement surgeries due to severe arthrosis; left THR in 2015 and right THR in 2019. In 2018, he had to be switched to insulin due to undermanaged hyperglicemia and is currently managed with insulin degludec/liraglutide.

With the current medical treatment the patient now achieves total cholesterol levels of 3.4 mmol/L (131 mg/dL), triglycerides 1.5 mmol/L (133 mg/dL), HDL-C 1.1 mmol/L (43 mg/dL), LDL-C 2.1 mmol/L (81 mg/dL), fasting glucose 9.1 mmol/L, glycated HbA1c 7.9%, creatinine 89 µmol/l and GFR 75 ml/min/1.73 m^2. Since lipid management is not optimal with only Atoris 40 mg, which is still a very robust therapy, I added ezetimibe.

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CASE 8

prof. Andrey V Susekov, MD, PhD,
consultant-lipidologist

Faculty of Clinical Pharmacology and Therapeutics;
Academy for Postgraduate Medical Education
Ministry of Health
Moscow
Russia

PATIENT:	♂ 57-year-old male
INDICATION:	atherosclerosis of coronary, carotid and peripheral arteries, CABG (2015)
RISK FACTORS:	obesity grade III (BMI 38.8 kg/m^2 (2004)), grade 3 AH, DM2, gout, smoking 10–15 cigarettes/day
LABORATORY REPORT (2004):	**TC** = 12.8 mmol/L (495 mg/dL), **HDL-C** = 0.3 mmol/L (12 mg/dL), **TGC** = 40.6 mmol/L (3596 mg/dL)
CV RISK CATEGORY:	● very high risk
OPTIMIZATION OF THE THERAPY:	**Atoris 80 mg** (since the last change in 2017)
OTHER CONCOMITANT THERAPY:	fenofibrate 145 mg, omega 3 FA 2 g, perindopril 8 mg, amlodipine 10 mg, ASA 100 mg, vildagliptin + metformin 50 + 1000 mg, HCTZ 50 mg/day

SHORT DESCRIPTION:

The patient has severe and poorly controlled DM2, multiple risk factors and severe secondary hyperlipidemia type V, low HDL-C. Intermediate results in 2008 (lab test): TC 4.1 mmol/L (159 mg/dL), TGC 5.6 mmol/L (496 mg/dL), HDL-C 0.8 mmol/L (31 mg/dL), and HbA1c 5.6%, weight 110 kg. Despite monotherapy with atorvastatin 20–40 mg/day, his CAD and DM2 worsened in 2015 (glucose 8.3 mmol/L, HbA1c 7.4% + frequent chest pains) and he underwent CABG (July 2015). After cardio surgery, the patient quit smoking and was administered Atoris 80 mg + fenofibrate 145 mg + omega 3 FA 2 g. After surgery, the patient became more compliant. His lipids were better controlled, his blood test from 2017 showed: TC 3.8 mmol/L (147 mg/dL), TGC 3.9 mmol/L (345 mg/dL), HDL-C 0.7 mmol/L (27 mg/dL), LDL-C 1.3 mmol/L (50 mg/dL), AST/ALT 29/30 E/l, glucose 6.8 mmol/L; HbA1c 6.4%. In the 2017–2020 period he felt reasonably well, but put on some weight during the pandemic in 2020 and complained of increased BP (165/100 mm Hg). Diuretic therapy was added in August 2020. He had no chest pain and yet his lowest weight was from 2018 108 kg. In 2022, he is relatively stable, weights < 98 kg, BP controlled and continues assigned therapy.

20 Years of EXPERIENCE

CASE 9

prof. Nabil Naser, MD, PhD,
cardiologist, FACC, FESC, FEACVI

Polyclinc Dr. Nabil
Sarajevo
Bosnia and Hercegovina

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PATIENT:	♀ 62-year-old female
INDICATION:	TIA, right side hemiparesis, dyslipidemia
RISK FACTORS:	AH grade II, newly diagnosed DM2, smoker, obesity, sedentary life-style, chronic stress. No previous lipid treatment.
LABORATORY REPORT (2019):	**TC** = 7.8 mmol/L (302 mg/dL), **HDL-C** = 0.9 mmol/L (35 mg/dL), **TGC** = 2.9 mmol/L (257 mg/dL), **LDL-C** = 5.6 mmol/L (217 mg/dL)
CV RISK CATEGORY:	● very high risk
OPTIMIZATION OF THE THERAPY:	**Atoris 40 mg** (since the last change in 2021)
OTHER CONCOMITANT THERAPY:	valsartan 160 mg, amlodipine 10 mg, metformin 850 mg x 3, ASA 100 mg

SHORT DESCRIPTION:

A 62-year-old patient, smoker, BMI 32 kg/m², works as an accountant in a private company, under daily stress, no physical activity, high blood pressure since 2011 (lisinopril 10 mg x 1 daily), no previous lipid therapy. In May 2019 the patient was newly diagnosed with DM2 with HbA1c of 7.8%. She suffered a TIA with right side hemiparesis, her blood pressure was 170/105 mm Hg. The statin therapy with Atoris is mandatory in this case since her CV risk score is very high. The prescribed ARBs with calcium channel blockers provide more control of AH. Metformin was prescribed in a dose of 850 mg x 3 daily since the diabetic diet alone was obviously not enough. ASA 100 mg for extended, long-term prevention. In 2021, her BP was 130/70 mm Hg, HbA1c 6.0%, lipid profile LDL-C 1.4 mmol/L (54 mg/dL), TC 4.1 mmol/L (159 mg/dL), HDL-C 1.9 mmol/L (73 mg/dL), TGC 1.8 mmol/L (159 mg/dL).

CASE 10

Joaquim Homem Requeijo Branco,
MD, general practitioner

USF da Barquinha
Vila Nova da Barquinha
Portugal

PATIENT:	♂ 58-year-old male
INDICATION:	dyslipidemia
RISK FACTORS:	BMI 35 kg/m², DM2, AH
LABORATORY REPORT (2020):	**TC** = 8.1 mmol/L (313 mg/dL), **HDL-C** = 0.6 mmol/L (24 mg/dL), **TGC** = 3.8 mmol/L (337 mg/dL), **LDL-C** = 5.7 mmol/L (220 mg/dL)
CV RISK CATEGORY:	● high risk
OPTIMIZATION OF THE THERAPY:	**Atoris 20 mg** (since the last change in 2020)
OTHER CONCOMITANT THERAPY:	metformin + sitagliptin 100 mg + 50 mg, ramipril 5 mg

SHORT DESCRIPTION:

The patient was seen at the clinic for uncontrolled blood pressure, chest pain and lipid profile.

The initial treatment of dyslipidemia involved simvastatin. Since there was no result, treatment was changed to atorvastatin.

LDL-C levels dropped accordingly after adjusting for the prescribed dose.

There was also change in patient lifestyle, therefore a weight reduction and additional minor improvement of blood pressure values.

20 Years of EXPERIENCE

CASE 11

Julija Zuvik, MD, cardiologist

State Institution "Territorial Medical Association of the Ministry of Internal Affairs of Ukraine in Volyn Region"
Lutsk
Ukraine

PATIENT:	♂ 47-year-old male
INDICATION:	stroke (1987)
RISK FACTORS:	essential hypertension grade, stage 3*, DM2, CKD stage 4
OTHER DISEASES:	* hypertensive heart, CVR 4. Aortic ostium stenosis, grade 2, mitral valve insufficiency, grade 1. Atrial fibrillation, persistent form, normotachystolic variant, CHA_2DS_2-VASc Score – 6 points. Heart failure, grade 2A with preserved ejection fraction, NYHA II.
LABORATORY REPORT (2018):	**TC** = 4.6 mmol/L (177 mg/dL), **HDL-C** = 1.2 mmol/L (46 mg/dL), **TGC** = 1.2 mmol/L (106 mg/dL), **LDL-C** = 3.0 mmol/L (116 mg/dL)
CV RISK CATEGORY:**	🔴 very high risk
OPTIMIZATION OF THE THERAPY:	**Atoris 40 mg** (since the last change in 2018)
OTHER CONCOMITANT THERAPY:	nebivolol 7.5 mg, azilsartan 40 mg, torasemide 10 mg, rivaroxaban 15 mg

SHORT DESCRIPTION:

The therapy was prescribed due to a very high CVR, i.e. a history of stroke. The response to treatment is satisfactory, no increase in hepatic and renal markers was observed throughout the entire period of therapy.

The checked lipid parameters were 3.3 mmol/L (128 mg/dL), 1.4 mmol/L (54 mg/dL), 1.3 mmol/L (50 mg/dL), 1.5 mmol/L (133 mg/dL) for TC, LDL-C, HDL-C and TGC, respectively. No dose adjustment was made because the target blood LDL-C level (-50%) was achieved at the current dose.

*** At the time of the patient's last examination, treatment was followed according to 2016 ESC/EAS guidelines*

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CASE 12

Aleksandar Dimitrov Garkov, MD, cardiologist

MHAT Sofiamed
Sofia
Bulgaria

PATIENT:	♂ 62-year-old male
INDICATION:	AMI, dyslipidemia
RISK FACTORS:	AH, DM2, smoking, BMI 29 kg/m²
LABORATORY REPORT (2018):	**TC** = 6.8 mmol/L (263 mg/dL), **HDL-C** = 0.9 mmol/L (35 mg/dL), **TGC** = 3.5 mmol/L (310 mg/dL), **LDL-C** = 4.3 mmol/L (166 mg/dL)
CV RISK CATEGORY*:	🔴 very high risk
OPTIMIZATION OF THE THERAPY:	**Atoris 30 mg** (since the last change in 2019)
OTHER CONCOMITANT THERAPY:	metoprolol 100 mg, ASA 100 mg, valsartan/HCTZ 160 mg/12.5 mg, metformin 3 x 850 mg

SHORT DESCRIPTION:

A 62-year-old patient with AH and dyslipidemia experienced a myocardial infarction. Statin therapy was initiated with atorvastatin 40 mg, then titrated to 20 mg and later increased to 30 mg as target values of LDL-C were achieved at 1.8 mmol/L (70 mg/dL) according to the guidelines*. The patient experienced no side effects from the therapy.

** At the time of the patient's last examination, treatment was followed according to 2016 ESC/EAS guidelines.*

20 Years of EXPERIENCE

CASE 13

Jana Repáňová, MD, general practitioner

General practitioner´s outpatient clinic
Žilina
Slovakia

PATIENT:	♂ 64-year-old male
INDICATION:	combined hypercholesterolemia, condition after MI of the anterior wall
RISK FACTORS:	smoker, obesity (BMI 32 kg/m^2), AH, DM2
LABORATORY REPORT (2018):	**TC** = 7.0 mmol/L (271 mg/dL), **HDL-C** = 1.8 mmol/L (70 mg/dL), **TGC** = 2.7 mmol/L (239 mg/dL), **LDL-C** = 4.0 mmol/L (155 mg/dL)
CV RISK CATEGORY:	● very high risk
OPTIMIZATION OF THE THERAPY:	**Atoris 20 mg** (since the last change in 2020)
OTHER CONCOMITANT THERAPY:	perindopril/indapamide 8 mg/2.5 mg, ASA 150 mg, metformin 850 mg

SHORT DESCRIPTION:

The patient at a very high cardiovascular risk with dyslipidemia was given initial treatment with Atoris 40 mg daily. The patient used statin treatment in the past, but stopped taking it after 2 years, due to fear of side effects. The patient was informed of the importance of this therapy and the risks associated with its termination. Laboratory parameter control showed that the patient´s cholesterol levels had reduced. The values were 5.5 mmol/L (213 mg/dL), 3.3 mmol/L (128 mg/dL), 1.6 mmol/L (62 mg/dL) and 1.4 mmol/L (124 mg/dL) for TC, LDL-C, HDL-C and TGC, respectively. Subsequently, the dose of Atoris was reduced from 40 mg to 20 mg daily and the patient is continuing with the treatment.

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CASE 14

Irena Metović, MD, internist

ATD
Niš
Serbia

PATIENT:	♀ 58-year-old female
INDICATION:	hyperlipidemia
RISK FACTORS:	smoker, obese, BMI 33.9 kg/m^2, DM2, AH
LABORATORY REPORT:	**TC** = 6.8 mmol/L (263 mg/dL), **HDL-C** = 1.0 mmol/L (39 mg/dL), **TGC** = 2.8 mmol/L (248 mg/dL), **LDL-C** = 4.5 mmol/L (174 mg/dL)
CV RISK CATEGORY*:	● very high risk
OPTIMIZATION OF THE THERAPY:	**Atoris 20 mg + ezetimibe** (since the last change in 2017)
OTHER CONCOMITANT THERAPY:	valsartan 80 mg, indapamide 1.5 mg, lercanidipine 20 mg

SHORT DESCRIPTION:

The patient is a long-term diabetic with associated diseases and with poorly controlled blood lipids. Since she belongs to the patient category with a very high CVD risk, I started with a higher dose of atorvastatin. The patient responded well to the given therapy, but I noticed that the shift in terms of the value of cholesterol in the blood was rather insignificant, so I added ezetimibe to the statin. With an adequate hygienic-dietary regimen and prescribed therapy lasting for several years, the patient managed to lower the previously elevated blood lipid values to acceptable level.

** At the time of the patient's last examination, treatment was followed according to 2016 ESC/EAS guidelines.*

20 Years of EXPERIENCE

CASE 15

Kaloyan Stoyanov Kolev, MD,
cardiologist

MC Polimed
Sofia
Bulgaria

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PATIENT:	♀ 76-year-old female
INDICATION:	high risk of a cardiovascular event, hypercholesterolemia
RISK FACTORS:	resistant AH, DM
LABORATORY REPORT (2016):	**TC** = 4.1 mmol/L (159 mg/dL), **HDL-C** = 1.6 mmol/L (62 mg/dL), **TGC** = 1.3 mmol/L (115 mg/dL), **LDL-C** = 1.9 mmol/L (73 mg/dL)
CV RISK CATEGORY*:	high risk
OPTIMIZATION OF THE THERAPY:	**Atoris 20 mg** (since the last change in 2016)
OTHER CONCOMITANT THERAPY:	torasemide 5 mg, spironolactone 50 mg, nebivolol 5 mg, moxonidine 0.4 mg, ASA 75 mg

SHORT DESCRIPTION:

The patient has a history of long-term (over 30 years) AH and is on polymedical therapy. There are additional risk factors as DM has been further complicated with diabetes neuropathy and hypercholesterolemia – on long-term statin therapy. The patient does respond to the medical therapy and strictly follows it.

** At the time of the patient's last examination, treatment was followed according to 2016 ESC/EAS guidelines.*

MY CASE

PATIENT:	
INDICATION:	
RISK FACTORS:	
LABORATORY REPORT (_____):	
CV RISK CATEGORY:	
OPTIMIZATION OF THE THERAPY:	
OTHER CONCOMITANT THERAPY:	

SHORT DESCRIPTION:

20 Years of EXPERIENCE

WHY DO YOU TRUST ATORIS?

I see Atoris as a long-term reliable partner. You can always count on your partner to do what is expected and not cause problems. Atoris is very successful in controlling blood lipid levels and leads to very few side effects.

Lilijana Ločniškar, MD, family medicine specialist, Slovenia

Atoris is a drug with a proven good effect on lipid metabolism, with good patient tolerability and without serious side effects. Atoris is the statin of first choice in my clinical practice.

Aleksandar Dimitrov Garkov MD, cardiologist, Bulgaria

European quality, reasonable price.

Julija Zuvik, MD, cardiologist, Ukraine

European production.

Joaquim Homem Requeijo Branco, MD, general practitioner, Portugal

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20 Years of EXPERIENCE

WHY DO YOU TRUST ATORIS?

A powerful therapeutic agent for healthy blood vessels.

Irena Metović, MD, internist, Serbia

Atoris was added to the patient's therapy due to its high cholesterol-lowering efficacy.

Jana Repáňová, MD, general practitioner, Slovakia

Over the last two decades, numerous RCTs have shown that a more aggressive reduction of LDL-C results in a better clinical outcome. Atoris is an effective statin, with high safety and quality.

prof. Nabil Naser, MD, PhD, cardiologist, FACC, FESC, FEACVI, Bosnia and Hercegovina

Difficult-to-treat patient with a very high CVD risk. He gradually got worse from 2004 to 2015, but after CABG and triple lipid-lowering therapy his condition became stable. Atoris 80 mg in combination therapy with fenofibrate and omega 3 FA proved to have good efficacy and safety.

prof. Andrey V Susekov, MD, PhD, consultant-lipidologist, Russia

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20 Years of EXPERIENCE

20 Years of EXPERIENCE

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Why do You TRUST ATORIS?

NAME, SURNAME:

SPECIALIZATION:

COUNTRY:

INSERT QR CODE

With providing your statement relating to Atoris, you agree with Krka's use of your statement, your name, surname, country and specialization, for reproduction, modification, archiving, distribution, making available to only to Healthcare Professionals, unlimited in time and territory in printed (promotional materials) and electronic media (internet).

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ABBREVIATIONS

BB	beta blockers
DAPT	dual antiplatelet therapy
ER	emergency room
FA	fatty acid
ACE	angiotensin-converting enzyme
ACS	acute coronary syndrome
AH	arterial hypertension
ALT	alanine aminotransferase
AMI	acute myocardial infarction
ARB	angiotensin receptor blockers
ASA	acetylsalicylic acid
AST	aspartate aminotransferase
BMI	body mass index
BP	blood pressure
CABG	coronary artery bypass graft
CKD	chronic kidney disease
CV	cardiovascular
CVR	cardiovascular risk
CVD	cardiovascular disease
DES	drug-eluting stent
DM2	diabetes mellitus type 2

ECG	electrocardiogram
GFR	glomerular filtration
HbA1c	glycohemoglobin, hemoglobin A1c
HCTZ	hydrochlorothiazide
HDL-C	high-density lipoprotein cholesterol
LAD	left anterior descending artery
LCX	left circumflex artery
LDL-C	low-density lipoprotein cholesterol
MACE	major adverse cardiovascular events
MI	myocardial infarction
NSTEMI	non-ST-elevation myocardial infarction
NYHA	New York Heart Association
PCI	percutaneous coronary intervention
RCA	right coronary artery
RCT	randomized controlled trial
STEMI	ST-elevation myocardial infarction
TC	total cholesterol
TGC	triglycerides
THR	total hip replacement
TIA	transient ischemic attack

20 Years of EXPERIENCE

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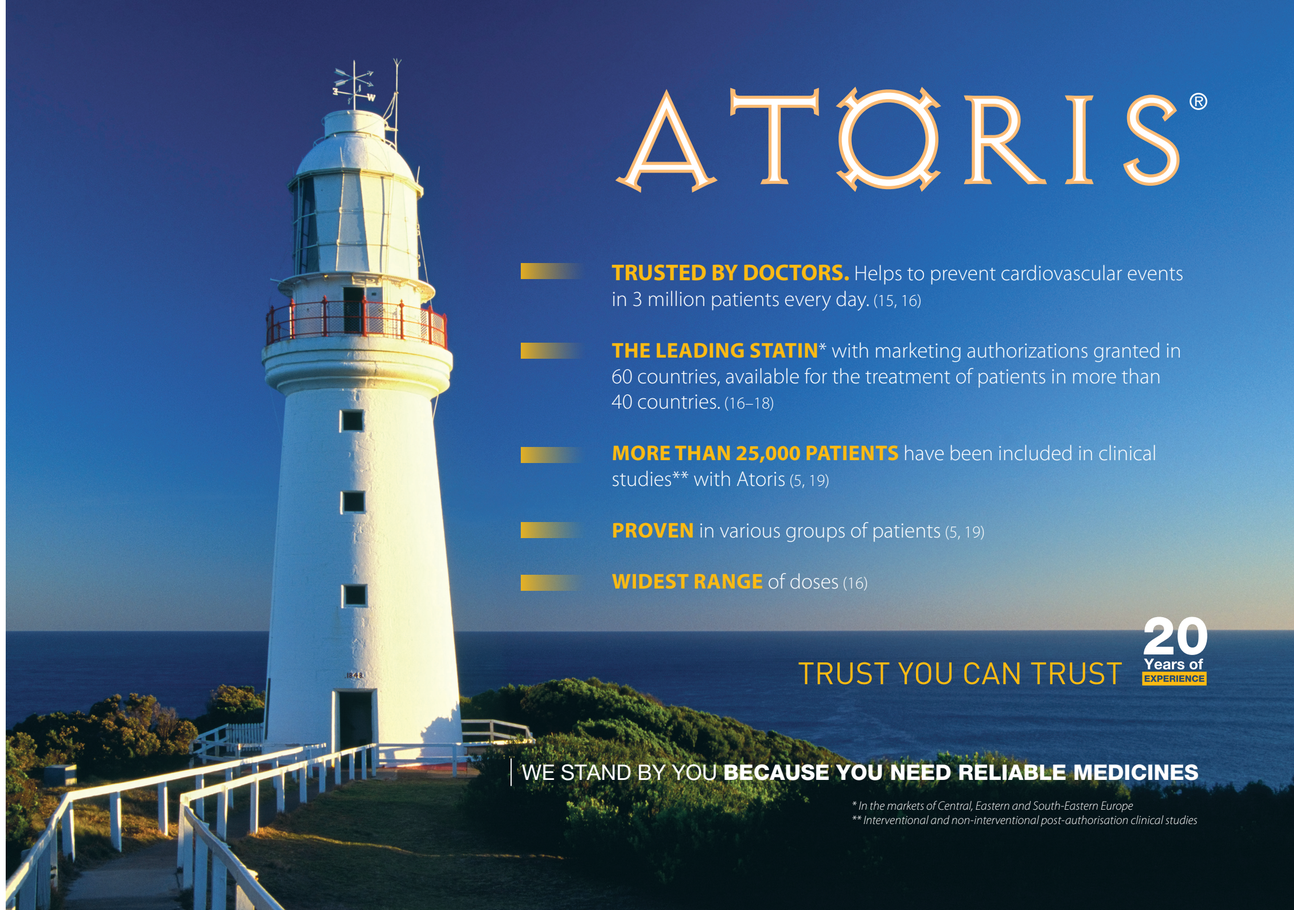

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THE LEADING STATIN* with marketing authorizations granted in 60 countries, available for the treatment of patients in more than 40 countries. (16–18)

MORE THAN 25,000 PATIENTS have been included in clinical studies** with Atoris (5, 19)

PROVEN in various groups of patients (5, 19)

WIDEST RANGE of doses (16)

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20 Years of EXPERIENCE

WE STAND BY YOU **BECAUSE YOU NEED RELIABLE MEDICINES**

** In the markets of Central, Eastern and South-Eastern Europe*
*** Interventional and non-interventional post-authorisation clinical studies*

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