

# Combined use of rosuvastatin and ezetimibe improves hepatic steatosis in patients with dyslipidemia

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**Background/Aims:** Rosuvastatin plus ezetimibe are beneficial for the management of dyslipidemia. We investigated whether rosuvastatin plus ezetimibe improves hepatic steatosis (HS) in patients with dyslipidemia. **Methods:** Between January and August 2018, 114 patients with dyslipidemia treated for 6 months with rosuvastatin plus ezetimibe were analyzed in this retrospective cohort study. The degree of HS was assessed using the hepatic steatosis index (HSI). HS improvement and presence of fatty liver were defined as a  $\geq 5\%$  reduction in HSI score and HSI  $\geq 36$ , respectively. **Results:** The mean age of the study population (50 males and 64 females; 49 non-diabetic and 65 diabetic) was 57.4 years. At baseline, the mean body mass index total cholesterol level, low-density lipoprotein (LDL) cholesterol level, high-density lipoprotein (HDL) cholesterol level, triglyceride level, and HSI were 25.1 kg/m<sup>2</sup>, 207.4 mg/dL, 126.1 mg/dL, 52.9 mg/dL, 146.4 mg/dL, and 36.1, respectively. During the 6-month treatment, HS burden was constant (mean HSI=36.3 and 36.4 at 3 and 6 months, respectively). On multivariate analyses, ultrasonographic fatty liver and HSI  $\geq 36$  were selected as independent predictors of HS improvement. However, when 53 (46.5%) patients with fatty liver (HSI $\geq 36$ ) were selected, HS burden was significantly improved (mean HSI=40.8, 39.3, and 39.7 at baseline, 3 months, and 6 months, respectively). **Conclusions:** The use of rosuvastatin plus ezetimibe for the management of dyslipidemia did not improve HS burden in all patients with dyslipidemia, but it improved HS burden in the subgroup with fatty liver.

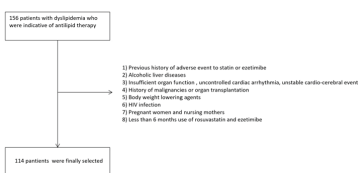


Figure 1. Flowchart of how the study population was selected.

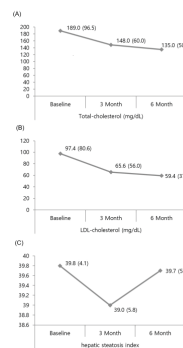


Figure 2. Changes in lipid profiles and hepatic steatosis index (HSI) during the 6 months of treatment. Total cholesterol (A), low-density lipoprotein cholesterol (LDL-C) (B), and HSI (C) significantly decreased at 6 months in the subgroups with HSI  $\geq 36$ . Values are presented as median (interquartile range).

Variables	Baseline	3 months	6 months	P-value
Demographic variables				
Age, years	57.4 (5.0)	57.4 (5.0)	57.4 (5.0)	0.978
Male, number, %	50 (43.8)	50 (43.8)	50 (43.8)	0.988
Diabetes	65 (57.0)	65 (57.0)	65 (57.0)	0.988
Hypertension	49 (42.9)	49 (42.9)	49 (42.9)	0.988
Thrombotic history	10 (8.8)	10 (8.8)	10 (8.8)	0.988
Previous history of adverse event to statin or ezetimibe	0	0	0	0.988
Chronic liver disease	0	0	0	0.988
Insufficient organ function	0	0	0	0.988
Uncontrolled cardiac arrhythmia	0	0	0	0.988
Unstable cardiac conduction events	0	0	0	0.988
History of malignancy or organ transplantation	0	0	0	0.988
Body weight lowering agents	0	0	0	0.988
Pregnant women and nursing mothers	0	0	0	0.988
Less than 6 months use of rosuvastatin and ezetimibe	0	0	0	0.988

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Variables	Univariate	Multivariate	P-value
Demographic variables			
Age, years	0.227	-	-
Male gender	0.079	-	-
Body mass index, kg/m <sup>2</sup>	0.148	-	-
Diabetes	0.141	-	-
Hypertension	0.403	-	-
Thrombotic history	0.403	-	-
Previous history of adverse event to statin or ezetimibe	0.403	-	-
Chronic liver disease	0.403	-	-
Insufficient organ function	0.403	-	-
Uncontrolled cardiac arrhythmia	0.403	-	-
Unstable cardiac conduction events	0.403	-	-
History of malignancy or organ transplantation	0.403	-	-
Body weight lowering agents	0.403	-	-
Pregnant women and nursing mothers	0.403	-	-
Less than 6 months use of rosuvastatin and ezetimibe	0.403	-	-