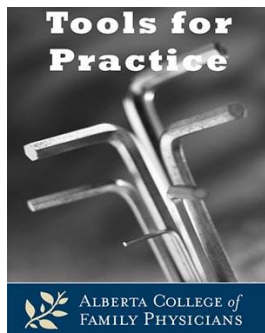


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Evidence Updated: No new RCTs, added Cochrane reviews
Bottom Line: Unchanged
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Fibrates: Statin's Trusty Sidekick or Lackluster Fallback?

Clinical Question: Do fibrates reduce cardiovascular (CV) events?

Bottom Line: When used alone, fibrates reduce non-fatal coronary events, but have no effect on mortality or other CV events, including stroke. Current evidence suggests fibrates provide no advantage when added to statin therapy.

Evidence:

At least 10 systematic reviews evaluate fibrates on CV disease with similar findings.¹⁻¹⁰ Focusing on the most up-to-date and complete:

- Meta-analysis¹ of 18 trials (45,058 patients) of fibrates versus placebo over 1-6 years:
 - 10% (confidence interval 0-18%) Relative Risk Reduction (RRR) in CV events.
 - Primarily due to a 19% RRR in non-fatal coronary events.
 - No significant effect on all-cause mortality, vascular mortality, or stroke.
 - Coronary benefits seen in both primary and secondary prevention trials.
- Only one trial (ACCORD¹¹) evaluated a fibrate or placebo added to statin therapy:
 - No statistically significant difference in cardiovascular events over 4.7 years.
 - Fenofibrate 10.5%, placebo 11.3% (p=0.32).

Context:

- The latest Canadian dyslipidemia guidelines¹² recommend against routine use of fibrates in patients taking statins.
- Before initiating a fibrate, consider optimizing other CV interventions that provide a better value, for example:
 - In a primary prevention patient with 10% risk of CV disease over 10 years:
 - Fibrates reduce CV risk to 9%;¹
 - Statins reduce CV risk to 7.5%;¹³
 - Thiazides reduce CV risk to 7%.¹⁴
 - Whereas fibrate benefits are limited to non-fatal coronary events, statins and thiazides also reduce stroke and mortality risk.

- Theoretically fibrates could reduce the risk of pancreatitis (by reducing triglycerides). The best evidence¹⁵ suggests they do the opposite:
 - Fibrates increase pancreatitis (Number Needed to Harm (NNH)=935) at five years.
 - Statins reduce pancreatitis (Number Needed to Treat (NNT)=1,200) at five years.
- Additional potential adverse effects associated with fibrates include:
 - Venous thromboembolism (NNH ~110)¹⁶ over five years;
 - Acute kidney injury (NNH ~450)¹⁷ during first three months of initiation;
 - Rhabdomyolysis over five years for fibrates (NNH ~5,050) and for fibrates with statins (NNH ~1,975).¹⁸

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Tools for Practice is a biweekly article summarizing medical evidence with a focus on topical issues and practice modifying information. It is coordinated by G. Michael Allan, MD, CCFP and the content is written by practising family physicians who are joined occasionally by a health professional from another medical specialty or health discipline. Each article is peer-reviewed, ensuring it maintains a high standard of quality, accuracy, and academic integrity. If you are not a member of the ACFP and would like to receive the TFP emails, please sign up for the distribution list at <http://bit.ly/signupfortfp>. Archived articles are available on the ACFP website.

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