

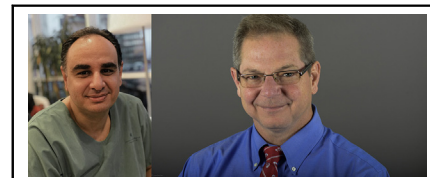
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## Commentary: Postcoronary artery bypass grafting treatment of dyslipidemia: Better hit those targets!

Walid Ben Ali, MD, PhD, and  
Louis P. Perrault, MD, PhD

Secondary prevention is essential to optimize the long-term outcomes of patients who undergo coronary artery bypass grafting (CABG), and treatment of dyslipidemia is a key component of this prophylactic approach. In this paper from Lim and colleagues,<sup>1</sup> 309 patients operated in 2007 to 2008 were followed a mean of 12.5 years and underwent a total number of 5774 lipid profile measurements, or 1.53 measurements per patient-year of follow-up. The key findings emanating from this dataset are that less than 25% of patients achieved a low-density lipoprotein cholesterol level below 1.8 mmol/L, highlighting a significant gap between guidelines and clinical practice and that persistent lipid abnormalities are often overlooked. Considering the benefits of optimal lipid control on cardiac events and cardiac death after CABG, 21.7% and 6.8%, respectively, in this cohort, this information should act as a wake-up call to physicians following and treating risk factors after surgical myocardial revascularization. Despite



Walid Ben Ali, MD, PhD, and Louis P. Perrault, MD, PhD

### CENTRAL MESSAGE

Simply treating dyslipidemia after CABG is not good enough; better hit those targets to improve outcomes after CABG.

the limitations brought about by the lack of data on timing of initiation and drug adherence, the variations in type and dosage of statin molecules as well as crossovers from one drug to another as well as in the intensity of treatment, one thing should be clear to all: Simply treating dyslipidemia after CABG is not good enough—better hit those targets!

### Reference

1. Lim K, Wong CHM, Lee ALY, Fujikawa T, Wong RHL. Influence of cholesterol level on long-term survival and cardiac events after surgical coronary revascularization. *J Thorac Cardiovasc Surg Open*. 2022;10:195-203.

From the Department of Cardiac Surgery, Montreal Heart Institute, Université de Montréal, Montreal, Quebec, Canada.

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Address for reprints: Louis P. Perrault, MD, PhD, Division of Cardiac Surgery, Department of Surgery, University of Montreal, Montreal Heart Institute, 5000 Belanger St, Montreal, Quebec, Canada H1T 1C7 (E-mail: [louis.perrault@icm-mhi.org](mailto:louis.perrault@icm-mhi.org)).

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