

Modest benefit of fibrates for primary prevention of cardiovascular disease

Clinical Question	Compared to placebo, usual care or fibrates plus other lipid-modifying drugs alone, how effective are fibrates in primary prevention of cardiovascular disease (CVD) morbidity and mortality?
Bottom Line	There was moderate-quality evidence that currently used fibrates lower the risk of a combined outcome of CVD death, non-fatal myocardial infarction (MI), or non-fatal stroke by 16%, and the risk of a combined outcome of coronary heart disease death or non-fatal MI by 21% in the primary prevention of CVD, without increasing or decreasing overall mortality or non-CVD mortality (low-quality evidence). Very low-quality evidence suggested no difference in discontinuation of treatment due to adverse effects in the fibrate groups compared to placebo groups. Nevertheless, the beneficial effects of fibrates in terms of a decreased risk for major CVD events without background therapy with statins appeared modest on an absolute scale ($\leq 1\%$).
Caveat	<p>At a baseline risk of 6% or 4% over 5 years, the NNTs* were 112 and 125 respectively.</p> <p>There was insufficient data to analyse fibrate therapy for the prevention of diabetic retinopathy in individuals receiving treatment as CVD primary prevention therapy.</p> <p><i>*NNT = number needed to treat to benefit one individual.</i></p>
Context	Fibrates are effective for modifying atherogenic dyslipidaemia, and particularly for lowering serum triglycerides. However, evidence is lacking that fibrates for primary prevention of CVD reduce mortality and morbidity associated with CVD, or overall mortality and morbidity.
Cochrane Systematic Review	Jakob T et al. Fibrates for primary prevention of cardiovascular disease events. Cochrane Reviews, 2016, Issue 11. Art. No.: CD009753.DOI: 10.1002/14651858. CD009753.pub2. This review contains six studies involving 16,135 participants.
