G. CONCLUSION

In conclusion, the present study suggests that combination therapy with ezetimibe and atorvastatin is a better option as far as reduction in total cholesterol, and LDL-C is concerned. However, it has comparatively lesser effect on elevation of HDL-C and reduction in Lp(a) as compared to atorvastatin monotherapy. Ezetimibe reduced total cholesterol, LDL-C, TC/HDL-C, and LDL-C/HDL-C significantly but comparatively lesser than the other two study treatments viz. atorvastatin monotherapy and combination therapy. Whereas, ezetimibe in combination with lower dose of atorvastatin showed greater reduction in TC, LDL-C, TG, TC/HDL-C, LDL-C/HDL-C as compared to ezetimibe monotherapy and atorvastatin monotherapy. It has been shown in many studies that atorvastatin possesses beneficial effects apart from its effect on lipid profile like plaque stabilization, platelet aggregation, etc. Therefore, now a days most of the physicians' first choice in coronary artery disease patient is either atorvastatin alone or in combination with ezetimibe instead of other lipid lowering agents. In case of patients with higher level of TC, LDL-C, TG and lower level of HDL-C, it is better to go ahead with the co-administration of ezetimibe with atorvastatin instead of increasing the dose of atorvastatin. It has been mentioned earlier that upon doubling the dose of statin, only 5-6% reduction in LDL-C is achieved (Knopp et al., 1999). Therefore, combination therapy is more rational in case of patients with higher level of TC, LDL-C, TG and lower level of HDL-C.
Upon doubling the dose of statin, there are greater chances of myopathy, rhabdomyolysis and other adverse events. All the three treatment groups showed promising effect not only on efficacy but on safety parameters as well. Therefore, we conclude that coadministration of ezetimibe with low dose of atorvastatin is a better option in patients with coronary artery disease with beneficial effects on long term safety and efficacy parameters as compared to other two study treatment groups viz. atorvastatin monotherapy and ezetimibe monotherapy.