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Ezetimibe (Zetia)

A once-a-day pill that lowers LDL by blocking cholesterol absorption in your gut, and how it fits with a statin.

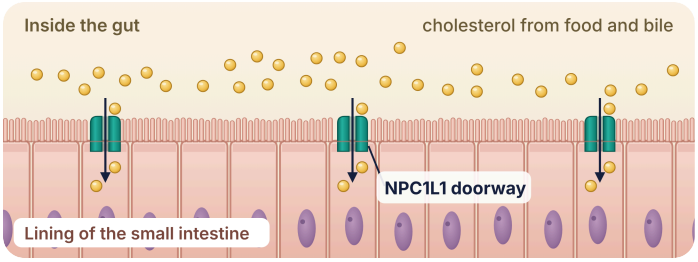
18–20%
about how much ezetimibe lowers LDL on its own

23–25%
about how much more LDL falls when it's added to a statin, from where the statin left it

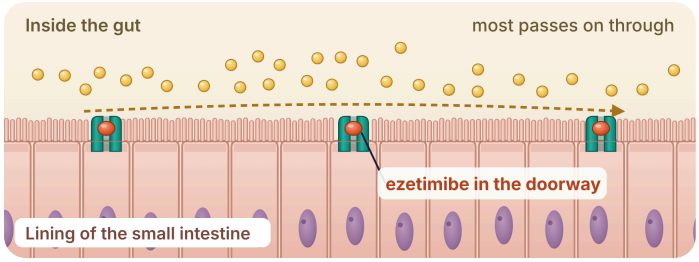
10 mg
once a day, with or without food, at any time you'll remember

HOW IT WORKS

It plugs the doorway cholesterol uses to get in



Without ezetimibe: cholesterol crosses into the gut lining



With ezetimibe: the doorway is plugged, so less gets in

Your liver makes some cholesterol, and your gut absorbs the rest from food and recycled bile. A statin slows the liver's own production. Ezetimibe blocks a doorway in the small intestine called **NPC1L1**, cutting absorption by roughly half in studies. With less cholesterol arriving, the liver builds more LDL receptors and pulls more LDL out of your blood.

THE PROOF IT PROTECTS THE HEART

Fewer heart attacks and strokes in IMPROVE-IT

MEDIAN LDL DURING THE TRIAL



32.7% vs 34.7%
had a major event in about seven years, with vs. without ezetimibe (about 2 points lower)

Roughly 50
treated for seven years to prevent one event

More than 18,000 people hospitalized for a heart attack or unstable chest pain took simvastatin with or without ezetimibe. Heart attacks fell about 13% and strokes about 23%. Cardiovascular death on its own did not change.

A steady second step

When a statin alone hasn't brought your LDL low enough, or a statin doesn't suit you, ezetimibe is a gentle and reliable next move with trial proof behind it.

TAKING EZETIMIBE

Who it's for, how to take it and what to expect

WHO IT'S FOR

LDL still above goal on a statin	The largest group. Guidelines name ezetimibe as the usual first choice to add when a statin needs help.
Only a low or moderate statin dose suits you	Hold the statin at a comfortable dose and add ezetimibe. In the RACING trial, a moderate statin plus ezetimibe gave heart outcomes similar to a high-dose statin, and fewer people stopped because of side effects.
Can't take a statin at all	After different statins and schedules have been tried carefully, ezetimibe becomes a foundation of treatment, often paired with a PCSK9 inhibitor or another drug.
Other uses	With fenofibrate for high cholesterol plus high triglycerides, and in two inherited conditions, homozygous familial hypercholesterolemia and sitosterolemia.

HOW TO TAKE IT

The dose	One 10 mg tablet once a day, morning or night, with or without food. Many people take it alongside their statin.
Bile acid binders	If you take cholestyramine or colesevelam, take ezetimibe at least 2 hours before or at least 4 hours after it.
Other medicines and vitamins	Cyclosporine raises levels of both drugs, so both need monitoring. Fenofibrate can be used with care, and other fibrates are not recommended with it. It doesn't meaningfully block absorption of vitamins A, D and E.
Your other numbers	Non-HDL cholesterol drops roughly 14 to 19%, triglycerides 5 to 11%, and HDL rises 3 to 5%.

SIDE EFFECTS AND SAFETY

Overall	In large trials, side effects came at about the same rate as a placebo.
Muscle aches	Muscle aches are uncommon, and most complaints in studies traced to a statin taken alongside it. Ezetimibe can rarely cause muscle problems on its own, so report new muscle pain or weakness.
Liver tests	About 1% of people, mostly those also on a statin, show liver enzymes above three times normal on a blood test. It usually settles when the medicines are adjusted, and real liver injury is extremely rare.
Who should avoid it	The statin combination isn't used with active liver disease or unexplained, persistent high liver tests. A known allergy is the only firm reason not to take ezetimibe at all.

THE CHOLESTEROL LADDER

Lifestyle and a statin come first. Ezetimibe adds a reliable slice on top. If LDL is still too high, a PCSK9 inhibitor or inclisiran adds a large slice more. With established coronary artery disease, that layering is often what it takes to get LDL under 55 mg/dL.

READ THE FULL ARTICLE

damianrasch.com/ezetimibe

For education only, and not a substitute for advice from your own physician. Sources include the FDA Zetia label, the systematic review for the 2018 AHA/ACC cholesterol guideline, the 2022 ACC Expert Consensus Decision Pathway on nonstatin therapies, Cochrane 2018 and the RACING trial (JACC 2023).

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