

The effect of in-hospital high-dose vs. low-dose intensive statin in patients with non-ST segment elevation acute coronary syndrome

P. Chen¹, Y. Liu², C. Duan³, H. Fan⁴, L. Zeng⁵, W. Guo², L. Jiang², W. Xue², W. He¹, S. Tao¹, Z. Guo¹, J. Chen², N. Tan², P. He²

¹Guangdong General Hospital's Nanhai Hospital, cardiology, Foshan, China; ²Guangdong Provincial Cardiovascular Institute, Guangzhou, China; ³Southern Medical University, Biostatistics, Guangzhou, China; ⁴South China University of Technology, Guangzhou, China; ⁵The Second School of Clinical Medicine, Southern Medical University, Guangzhou, China

Funding Acknowledgement: Type of funding source: Public grant(s) – National budget only. Main funding source(s): The Science and Technology Planning Project of Guangzhou City at the China Youth Research Funding

Background: Statins remain a standard treatment for acute coronary syndrome (ACS) patients. We aimed to determine the association between different dosages of in-hospital statins and the prognoses among patients receiving percutaneous coronary intervention (PCI).

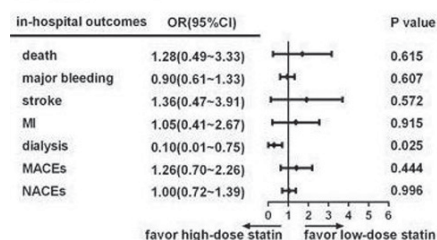
Methods: NSTEMI-ACS patients were retrospectively enrolled from January 2010 to December 2014 from five centres in China. Patients receiving either atorvastatin or rosuvastatin during their hospitalizations were included. All the patients were categorized into high-dose statin group (40mg atorvastatin or 20mg rosuvastatin) or low-dose statin group (20mg atorvastatin or 10mg rosuvastatin). In-hospital events and long-term all-cause death was recorded.

Results: Of the 7,008 patients included in the study, 5,248 received low-dose intensive statin (mean age: 64.28±10.39; female: 25.2%), and

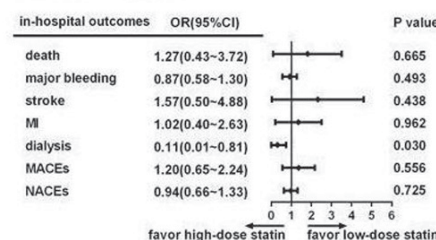
1,760 received high-dose intensive statin (mean age: 63.68±10.59; female: 23.1%). There was no significant difference in in-hospital all-cause death between the two groups (adjusted OR, 1.27; P=0.665). All-cause death was similar between the two groups during the long-term follow-up period (30-day: adjusted HR, 1.28; P=0.571; 3-year: adjusted HR, 0.83; P=0.082). However, there was a robust association between the high-dose statin and the reduction in in-hospital dialysis (adjusted OR, 0.11; P=0.030).

Conclusions: The in-hospital high-dose intensive statin is not associated with lower risks of in-hospital or follow-up all-cause death in NSTEMI-ACS patients undergoing PCI. Considering the robust beneficial effect of in-hospital dialysis, an individualized high-dose intensive statin can be rational in specified populations.

a. univariate analysis



b. multivariate analysis



Univariate and multivariate analyses

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