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Treatment with statins prior to first time myocardial infarction, with special reference to patients with previously diagnosed cardiovascular disease

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Background and Aim: Cholesterol-lowering therapy with statins is recommended in established cardiovascular disease (CVD) and should be considered for patients at high cardiovascular risk. We surveyed statin treatment before first-time myocardial infarction in clinical practice compared to current guidelines, focussing on patients with known CVD.

Methods: A total of 931 patients (345 women) in the region of Jämtland Härjedalen, northern Sweden were enrolled in the study between November 2009 and December 2014. The patients were stratified by prior CVD, comprising angina pectoris, revascularisation, ischaemic stroke or transitory ischaemic attack, or peripheral artery disease. We used logistic regression to identify determinants of statin treatment.

Results: Among patients with prior CVD, only 34.5% (57/165) received statin treatment before myocardial infarction. The probability of statin treatment decreased with age (≥ 70 years OR 0.30; 95% CI 0.13-0.66) and female gender (OR 0.39; 95% CI 0.20-0.78) but increased in patients with diabetes (OR 3.52; 95% CI 1.75-7.08). In the entire study cohort, 17.3% (161/931) of patients were treated with statins; women < 70 years old were more likely to receive statin treatment than women ≥ 70 years old (OR 3.24; 95% CI 1.64-6.38), and men ≥ 70 years old were twice as likely to be treated with statins than women of the same age (OR 2.22; 95% CI 1.31-3.76) after adjusting for diabetes and CVD.

Conclusions: In patients with prior CVD we found considerable under-treatment with statins, to the disadvantage of women and elderly patients. Methodologies for case findings, recall, and follow-up need to be improved and implemented to reach the goals for CVD prevention in clinical practice.