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Ongoing statin therapy during hospitalization for acute myocardial infarction.

Learnings for general practitioners and cardiologists

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Background and Objectives: Patients with high cardiovascular risk should according to current guidelines receive statin drugs as primary prevention of cardiovascular events. This study aimed to determine the prevalence of AMI patients on statin treatment at hospitalization. The prevalence of statin treatment among AMI patients with known diabetes, known angina pectoris and previous AMI were studied separately. We also investigated blood lipids upon admission of patients with AMI in relation to national guidelines of recommended levels of lipids.

Methods: Consecutive patients ($n = 771$) ≤ 80 years of age hospitalized for AMI during the period 2005-2012 were included in the study. ECG and biomarkers according to criteria recommended by the European Society of Cardiology (ESC) were used to diagnose AMI. Blood lipids and blood pressure were taken when patients were enrolled in the study at admission. Previous myocardial infarction, angina, stroke, diabetes, smoking habits and hypertension were diagnosed by self-reports verified by medical records.

Main Results: More than half of the statin treated had a LDL cholesterol level below the recommended level 2.5 mmol / L. LDL cholesterol level is 1.0 mmol / L lower among statin-treated than non-statin treated. 30% of diabetics, 22% of previous myocardial infarction patients and 31% of angina patients were not on statin therapy as primary prevention when they were hospitalized for their first AMI.

Main Conclusion: There is a large potential for improvement of statin therapy of patients at high risk for AMI. A study why some AMI patients with known diabetes, known angina pectoris and previous AMI are not on statin treatment is needed.