

LONG-TERM PROGNOSIS IN PATIENTS WITH CORONARY ARTERY DISEASE FOLLOWING PERCUTANEOUS CORONARY INTERVENTION STRICTLY REDUCING LOW DENSITY LIPOPROTEIN (LDL) CHOLESTEROL WITH STATIN -- IMPORTANCE OF PATIENTS WITH LOW LDL AT BASELINE --

i2 Poster Contributions

Georgia World Congress Center, Hall B5

Monday, March 15, 2010, 3:30 p.m.-4:30 p.m.

Session Title: Pharmacotherapies and Complex Patients

Abstract Category: PCI - Complex Patients

Presentation Number: 2504-492

Authors: *Shigemitsu Tanaka, Yoshihiro Morino, Nobuhiko Ogata, Takashi Matsukage, Naoki Masuda, Gaku Nakazawa, Toshiharu Fujii, Seiji Tamiya, Daiki Itou, Makiyoshi Shima, Eri Toda, Yoshinari Kamiyama, Takayuki Iida, Takashi Ijichi, Teruhisa Tanabe, Yuji Ikari, Department of Cardiology, Tokai University School of Medicine, Isehara, Japan*

Background: Strict control of risk factors is suggested for secondary prevention of coronary artery disease.

Methods and Results: A total of 1006 PCI procedures were performed for 770 patients including 383 acute coronary syndrome cases. Clinical follow-up was available in 97% (average 2.0 ± 0.9 years). Baseline data were LDL 113 ± 41 mg/dl and HDL 51 ± 23 mg/dl whereas the follow-up data improved to LDL 93 ± 24 mg/dl and HDL 55 ± 17 mg/dl. Under this acceptable medical control, 1, 2, or 3 year mortality rate was 3%, 4.5%, or 6.6%, respectively. Cox proportional hazard model revealed that predictive factors of survival were age (HR 1.057, $p=0.0022$), heart failure (HR 2.378, $p=0.0004$), history of peripheral artery disease (HR 3.793, $p=0.0096$), and not-taking statin (HR 1.875, $p=0.0097$). Despite of significance of statin for the predictive value, LDL level at follow-up did not correlate with long-term mortality. Two year mortality rate was 3.4% in statin-user, 6.3% in statin-quitter, and 24.6% in no-statin due to low LDL at baseline (94.6 ± 30.6) ($p<0.0001$).

Conclusion: Lowering LDL cholesterol has improved long-term survival following PCI compared to historical control. The patients to whom statin was not started due to low LDL cholesterol had clearly worse prognosis than other patients. Further studies may be necessary to use statin or not for patients with low LDL at baseline.