



 HYPERTENSION, LIPIDS AND PREVENTION

STATIN THERAPY AFTER CORONARY ARTERY BYPASS GRAFT SURGERY IS ASSOCIATED WITH REDUCED ALL-CAUSE MORTALITY.

ACC Poster Contributions
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Background: Benefits of statin use have been demonstrated for patients with a remote history of coronary artery bypass grafting (CABG). We tested the effects of statin therapy on outcomes after first time isolated CABG.

Methods: We identified 5,205 consecutive patients (age ≥ 18 yrs, isolated first time CABG) from January 1993 to December 2005. Rates of all-cause mortality and major adverse cardiovascular events were compared between patients who were and were not prescribed statins at the time of discharge. Multivariate analysis demonstrated that statin use independently reduced the risk of all-cause mortality (adjusted hazard ratio 0.73, 95% CI 0.56 to 0.87) when compared no statin use at one year. Statin use was associated with a significant reduction in the LDL-C cholesterol (126.2 ± 44.8 mg/dl vs. 133.9 ± 41.86 mg/dl, $p < 0.001$). Lower LDL-C cholesterol (LDL < 100 mg/dl vs. LDL > 160 mg/dl) independently reduced the risk of death (adjusted hazard ratio 0.315, 95% CI 0.146 to 0.681, $p = 0.002$) and all-cause mortality (adjusted hazard ratio 0.320, 95% CI 0.160 to 0.642, $p < 0.001$) at one year.

Conclusions: Statin therapy initiated at the time of discharge after single isolated CABG independently reduces all-cause mortality through its effect on reduction in LDL-C cholesterol. These findings validate the need for prescribing long-term statin therapy after CABG.