and the decrease in AF-QoL score, particularly in paroxysmal and persistent AF patients. CONCLUSIONS: The main impact on HRQoL in AF patients was not conditioned by the type of AF, but the clinical presentation, especially frequency and number of symptomatic events. Effective prevention is thus not only essential for clinical outcome and reduction in vascular events, but also for improving patients’ related quality of life (HRQoL) is an important outcome. The objective of the present study was to determine factors associated with an impaired HRQoL after 12 months. METHODS: Data from 1,961 primary care practices in Germany participating in the ORBITAL (Open-label primary care study: Rosuvastatin-Based compliance Initiatives To Achievement of LDL goals) Study. Inclusion criteria were hypercholesterolemia (n = 1,875, 94.8%), age ≥18 years at risk of or with CV disease, about to begin or previously prescribed pravastatin 40 mg daily or equivalent or placebo for ≥12 months. The on-going need to maintain cost-effective health care has led to greater use of policy-driven therapeutic substitution programs for statins; however the impact of these policies on patients is often under-reported. METHODS: A review of published literature describing the impact of policy-driven statin switching programs was conducted based on a MEDLINE search [using the following terms: Hydroxy methylglutaryl-CoA Reductase Inhibitors (MeSH), and statin, switch, interchange, substrate, substitution (all fields); limited to English language and 1989–2009] and a review of reference lists from selected papers. RESULTS: Twenty-three studies were identified. Seventeen studies evaluated the impact of a “switch down” to equal or less potent statins, 6 studies evaluated the impact of a “switch up” to more potent statins. Following introduction of “switch down” programs, 21–34% of patients were not eligible for a switch with no switch. Persistence was significantly reduced among switch patients (2 studies). No significant trend in lipid levels was noted (12 studies) but loss of target levels was reported in 7–20% of patients (2 studies) and 3 studies reported an increase in vascular events or death after switching. Studies evaluating “switch up” programs consistently demonstrated improved reductions in lipid levels.