

P1348 : Determinants of intensive statin therapy in acute myocardial infarction in clinical practice

Authors:

Ferrieres (Toulouse /France), **Puel** (Toulouse /France), **Wolff** (Dijon /France), **Ritz** (Lyon /France), **Kirkorian** (Lyon /France), **Aliot** (Vandoeuvre Les Nancy /France), **Charbonnier** (Tours /France), **Danchin** (Paris /France)

On behalf: the FAST-MI investigators

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Background: Intensive statin therapy (IST) reduces major adverse cardiovascular events in randomized controlled trials. The benefits of IST appear to be consistent in various subgroups. However, cardiologists are often reluctant to use IST at discharge in acute myocardial infarction (AMI). The aim of our study was to assess the determinants of IST at discharge in a registry of AMI.

Methods: FAST-MI is a nation-wide registry carried out over a 1-month period in the fall 2005 which included consecutive pts with AMI admitted to coronary care units at the 223 participating centers. We analyzed the prescription of statins at discharge in 2894 AMI patients. IST was defined as the use of simvastatin 80 mg/d, atorvastatin 80 mg/d or rosuvastatin 20-40 mg/d. Multiple logistic regression analysis was used to evaluate the determinants of IST in comparison with standard dosages of statin therapy at discharge.

Results: Among 2894 patients alive at discharge, 375 (13.0%) used IST. Nearly all the FAST-MI patients on IST were on atorvastatin 80 mg/d (98.4%). After multivariate adjustment, in-hospital coronary angioplasty ($p=0.004$), anterior AMI ($p=0.005$), admission in a university hospital ($p=0.001$), and specific geographical areas ($p=0.001$) were positively associated with IST. In the same model, female sex ($p=0.002$), older age ($p=0.0001$), diabetes ($p=0.032$), previous AMI ($p=0.008$), and the use of statins before AMI ($p=0.04$) were negatively associated with IST.

Conclusions: Despite trials showing that IST is a safe and efficient therapy in AMI, there is a large variation of the use of IST in the "real world". Qualitative studies are needed in order to disentangle factors associated with local practice, the fear of side effects or the constraint of the health system.