Impact of post-discharge statin withdrawal on long-term clinical outcome in patients with ischemic heart failure with reduced ejection fraction

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Topic(s):
Heart Failure with Reduced Ejection Fraction

Citation:
Background: Statin therapy is necessary for secondary prevention in patients with acute myocardial infarction (AMI). However, among patients with ischemic heart failure (HF) with reduced ejection fraction (EF) who suffered from AMI before 1 year, limited data are available describing the clinical impact of statin withdrawal within 1 year after AMI.

Methods: Patients in the Korean multi-center registry who survived for 1 year after AMI were consecutively enrolled. After excluded patients with preserved EF, patients with ischemic HF with reduced EF who prescribed statin at discharge were divided into 2 groups on the basis of statin withdrawal history. A total of 449 patients were compared in all-cause mortality within a follow-up period.

Results: Median follow-up duration was 52 months (interquartile range 31 to 78 months). Age, sex, presence of diabetes, hypertension, and dyslipidemia, as well as status of smoking were not different between the groups. Patients with statin withdrawal history had greater all-cause mortality (31.3% vs. 47.5%). Withdrawal of statin within 1 year after AMI was an independent predictor of all-cause mortality after adjusting confounding risk factors (hazard ratio: 2.096, confidence interval: 1.238-3.548, p=0.006).

Conclusion: In patients with ischemic HF with reduced EF, post-discharge withdrawal of statin within 1 year after AMI is associated with increased risk of poor outcome independently of coexisting risk factors.
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Abstract:

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Number at risk

Group: Continuation of Statin
323 316 282 255 192 135 99 65 34 25 11

Group: Statin Withdrawal
38 36 31 29 21 11 6 5 1 1 0

Log rank, p = 0.0301

Survival probability (%)