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Statin therapy reduces morbidity and mortality in patients with cardiovascular diseases. Statins improve lipid profiles and have an anti-inflammatory mechanism, stabilizing atherosclerotic plaque.

It is recommended that patients with carotid and peripheral vascular disease be considered for statin therapy because of atherosclerotic burden. Such a recommendation has not been made for those with AAA, despite the well-established association with this disease and coronary atherosclerosis.

“Our results suggest that [the 2013 ACC/AHA lipid management guidelines] need to be re-examined,” wrote lead author Dr. Thomas O’Donnell. “The association we found with long-term but not short-term outcomes implies that statins are not modifying the perioperative milieu; rather, the need for AAA repair is a marker of elevated risk. Consequently, we hypothesize that statin therapy in those patients does not affect their immediate postoperative course but provides secondary risk reduction similar to that seen in other atherosclerotic populations, such as patients with stroke, MI, and peripheral arterial disease.”

Researchers from the Beth Israel Deaconess Medical Center led by Dr. Marc Schermerhorn studied both the peri-operative and long-term survival of patients undergoing AAA repair in relation to stain therapy. Using data from the Vascular Quality Initiative, the researchers evaluated outcomes in 37,950 patients following either endovascular (29,257) or open (8,693) repair who were treated with statin therapy 69% and 66%, respectively.

The highlights of their study noted that statin therapy had:
• No association with 30-day death or in-hospital stroke or myocardial infarction
• Improved 1-year (94% vs 90%) and 5-year (85% vs 81%) survival

Of those not taking statins, therapy was initiated prior to discharge 24% of the time. Statin therapy in this cohort of patients again realized a survival benefit at both one (94% vs 91%) and five (89% vs 81%) years.
Dr. O'Donnell wrote, "Preoperative statin therapy is associated with higher long-term survival after AAA repair, and those who are naïve to the drug should be considered for such therapy prior to discharge to take advantage of this benefit."

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