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CHICAGO, Illinois, March 25, 2016 – The data is strong: For many vascular surgery patients, statins and antiplatelet medications markedly increase life expectancy after surgery, yet 30 percent of patients either don't get the prescriptions, are intolerant or won't take them.

A recent review of patients who had undergone carotid, lower extremity bypass, or abdominal aortic aneurysm surgeries found that patients who received both medications were far more likely to be alive five years later.

The review used national data collected by the Vascular Quality Initiative (VQI), a division of the Society for Vascular Surgery, and was published in the *Journal of Vascular Surgery* (PubMed).

"I wanted to see how good we were at maximizing the benefits of statins and antiplatelets," said review lead Dr. Randall DeMartino, assistant professor of vascular surgery at Mayo Clinic. "Surprisingly, we are not as good as we might like to be. We should be able to identify someone who is not being adequately treated and work with their providers to ensure they are prescribed the right medications. Not taking medications is associated with a much worse outcome."

Patients placed on both an antiplatelet agent and cholesterol medication had an adjusted 40 percent reduced risk of death at five years compared to those who received neither drug. Being on either one of these medications was also important, and was associated with an adjusted 30 percent reduced risk of death compared to those on neither medication.

When considered differently, an extra 14 of every 100 patients were alive at five years if on both medications.

Some patients won't take a statin because of side effects or because they may not be able to afford it, he said. Others may fall through the cracks between getting surgical discharge instructions and any follow up with their primary care physician, who would normally manage their medications.

In their analysis, Latinos and African Americans were somewhat less likely to receive medications post-surgery. Others who were statistically less likely to be on meds were amputees, nursing home residents, dialysis patients and those with congestive heart failure or chronic obstructive pulmonary disease.

The review looked at all patients who had one of the specific procedures, as long as it was their first vascular procedure. These patients were likely to have had coronary disease, diabetes, high blood pressure and previous

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vascular procedures. Despite these other conditions, when discharged on both medications their survival was improved after surgery compared to those who did not take them.

Emphasizing to surgeons the importance of medication seems to make a difference. Surgeons who were part of the Vascular Quality Initiative were much more likely to participate in the current recommendations. Centers/physicians that had been in VQI for three years or more were 30 percent more likely to have patients on medical management, which is associated with improved five-year survival.

In related efforts, at least two regional groups of vascular surgeons have started a quality improvement programs to increase the odds that patients who need them are prescribed the right drugs at discharge and thereafter.

The Southern California Vascular Outcomes Improvement found that during a three-year period (2011-2014) when they discussed the importance of medications at every regional meeting, they saw the percentage of patients being discharged on the appropriate medications go up, said program spokesperson Dr. Karen Woo of the University of California Los Angeles. The group also developed templates for letters to patients' physicians.

During a test period from 2011 to 2014, the percentage of patients who received statins and antiplatelets went up from 69.09 to 80.37 per cent ( $P = 0.0037$ ) and 80.47 to 88.11 per cent ( $P = 0.0148$ ), respectively.

The group also developed templates for letters to patients' physicians. "We are encouraging our members to prescribe antiplatelets and statins after all major vascular procedures, not just endovascular interventions," said Dr. Woo. "I'm not sure if primary care providers are or are not aware of the data. But the letters are a good way of maintaining communication with them, which is always important and often overlooked."

At the University of Florida, all eligible patients automatically are placed on statin/AP medication at discharge, said Dr. Adam Beck, assistant professor of surgery in the division of vascular surgery and endovascular therapy at the UF College of Medicine. "We recently analyzed our data at UF," he said, "and found that we have placed 100 percent of our eligible patients on statin/AP medications at discharge for over a year now after implementing that protocol, so we've been really happy with the result."

Dr. Beck is also the chair of the Arterial Quality Council for the VQI, and has distributed letter templates with the members of the Southeastern Vascular Study Group, which includes vascular surgeons from Florida, Georgia, Mississippi and Alabama.

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