Re: Statin drugs lower heart attack death−study − 2nd article

Source: http://sci.tech−archive.net/Archive/sci.med.cardiology/2005−08/msg00747.html

- *From*: "Sharon Hope" <shope@xxxxxxxx>
- *Date*: Tue, 30 Aug 2005 19:09:23 −0700

No bias here: "Importantly, why weren't 100% of patients who just had a heart attack being discharged with a statin? Again, there are large treatment gaps where we know statins should be used, and they should be used here."

So said lead investigator Dr Gregg Fonarow.

No possibility this kind of bias spilled over into his choice of statistics to use in the old anecdotal data?

Oh, wait, here's a surprise: "Fonarow has consulted and done research for Merck & Co, Pfizer, and Bristol−Myers Squibb."

That loud silence we hear is Bill not demanding a "gold standard placebo controlled trial" and not disparaging this as untrustworthy anecdotal observations, started from a biased standpoint. I guess if the results fit with the statin−zealot belief system....

"Bill" <xxx@xxxxx> wrote in message
news:VW3Re.1167$nB6.388@xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
> Here is a second article on the same subject. They claim to have adjusted
> for confounding factors. And, again, such a dramatic lower of the death
> rate during the in−hospital stay after giving a statin to someone who had
> never had one was surprising to me.
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> Bill
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> Early statin use in acute MI reduces the risk of in−hospital mortality and
> other complications

>
> Aug 29, 2005 Michael O'Riordan
>
> Los Angeles, CA − An analysis of the large National Registry of Myocardial
> Infarction (NRMI) database has shown that statin therapy administered to
> acute MI patients within the first 24 hours of hospitalization
> significantly reduces the risk of in−hospital mortality and other
> complications [1]. Based on this early cardioprotective effect of statins,
> as well as other studies showing the benefit of early statin treatment,
> researchers suggest that early statin therapy should be the standard of
> care for acute MI patients.
>
> "Since we already have in the national guidelines that patients should be
> treated with statins before discharge, I think that in the present context
> this observational data can be enough to say, although we don't have a
> randomized control trial, this should become the standard of care," lead
> investigator Dr Gregg Fonarow (University of California, Los Angeles) told
> heartwire. "We do believe that this is something that should be considered
> a routine recommendation in the same way that we give early aspirin or
> beta−blocker therapy to acute MI patients."
>
> The results of the study are published in the August 29, 2005 issue of the
> American Journal of Cardiology.
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> Majority of patients not started within 24 hours
> In some early experimental animal models, researchers have demonstrated
> that statins can significantly decrease reperfusion injury and limit MI
> size. According to Fonarow, this led his group to hypothesize that acute
> MI patients treated earlywithin 24 hours of hospitalizationwould have
> lower in−hospital morbidity and mortality risks than patients not treated
> with statins or those in whom statin therapy was discontinued.
>
> Using data from the NRMI 4, a prospective, observational database of
> consecutive patients admitted with acute MI to participating hospitals in
> the US, they included 174 635 patients in the analysis. Patients were
> categorized into four groups based on whether statin treatment was
> provided before the index hospitalization and whether statin therapy was
> administered within the first 24 hours:
>
> a.. Patients were classified as continued if they were receiving a statin
> before hospitalization and were administered a statin within 24 hours
> (n=17 118).
> b.. Newly started patients were not on statin therapy before acute MI
> hospitalization but were administered a statin within 24 hours (n=21 978).
> c.. Discontinued patients were previously taking a statin but were not
> given the agent within 24 hours of hospitalization (n=9 411).
> d.. The not−started patients were not taking a statin before the acute MI
> and were not treated with statin therapy within 24 hours of
> hospitalization (n=126 128).

> New or continued treatment with a statin in the first 24 hours was
> associated with a decreased risk of death compared with no statin use. In
> contrast, patients who had been treated with a statin before
> hospitalization but whose therapy was discontinued derived no associated
> protective effect and had a slightly higher risk of in−hospital mortality.
> After adjustment for potential confounding demographic, clinical,
> hospital, prehospital, and in−hospital variables and propensity score,
> patients who continued or were newly started on statin therapy continued
> to have a significantly decreased risk of in−hospital mortality.
>
> In−hospital mortality by statin use
>
>
> Primary end point
> Continued statin therapy (n=17 118)
> Newly started statin therapy (n=21 978)
> No statin therapy before hospitalization, not treated with
> statin therapy within 24 hours of hospitalization (n=126 128)
> Discontinued statin therapy (n= 9411)
>
> In−hospital mortality (%)
> 5.3
> 4.0
> 15.4
> 16.5
>
>
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>
> In−hospital mortality by statin−therapy groups
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> Statin therapy groups
> Odds ratio (95% CI)*
>
> Patients newly started on statins within 24 hours of
> hospitalization vs those with no statin treatment before or after MI
> 0.62 (0.57−0.67)
>
> Patients continuing with statins within 24 hours of
> hospitalization vs those with no statin treatment before or after MI
> 0.58 (0.54−0.63)
>
> Patients discontinuing statin therapy vs those with no statin
> treatment before or after MI
> 1.12 (1.05−1.20)
>
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>
> *Adjusted for covariates and propensity score

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> To download tables as slides, click on slide logo below
>
> "The findings support the experimental data, as the benefit likely has to
> do with immediately raising nitric oxide and having an important acute
> anti−inflammatory effect in the ischemic myocardium, as well as having a
> direct cellular protective effect," explained Fonarow. "Here we see, in
> patients treated within the first 24 hours with statins, in−hospital
> mortality rates were substantially lower than in those who were not, and
> they also had other lower outcomes that correlate with cardioprotective
> effects. Patients treated early had a lower risk of cardiogenic shock,
> developing ventricular fibrillation, having cardiac rupture, and having
> acute pulmonary edema and heart failure."
>
> Fonarow noted that acute MI patients treated with a statin within the
> first 24 hours were more likely to be discharged on statin therapy, which
> is what the guidelines recommend. Those who started statin therapy in the
> hospital within 24 hours or continued therapy were discharged on a statin
> 85% and 91%, respectively, of the time. On the other hand, only 22% of the
> patients not taking a statin before MI and not treated with a statin
> within 24 hours were discharged on a statin.
>
> The study also points to the large treatment gaps in the present−day care
> of acute MI, said Fonarow. The large majority of acute MI patients, many
> who had multiple risk factors and even prior myocardial infarctions, were
> not being treated with a statin before their MI, nor were they discharged
> on a statin.
>
> "Even though it has been recommended in the guidelines that patients would
> benefit from statin therapy, large treatment gaps exist," said Fonarow.
> "The American Heart Association and the American College of Cardiology, as
> well as individual cardiologists, have been trying to emphasize the
> importance of utilizing these agents in patients where there is proven
> benefit. Importantly, why weren't 100% of patients who just had a heart
> attack being discharged with a statin? Again, there are large treatment
> gaps where we know statins should be used, and they should be used here."
>
> Fonarow said that the use of statin therapy within the first 24 hours of
> hospitalization has been incorporated into the guidelines at UCLA,
> although this is not the standard of care across the US.
>
> "It is not something that is routinely integrated into practice, but we
> think that this analysis, combined with other prior data, is possibly
> sufficient to where a firm recommendation in the national guidelines is
> warranted," said Fonarow. "Since you're going to using the drug anyway,
> you might as well start it right away, given that there might be an added
> benefit that occurs quite early."
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> Fonarow has consulted and done research for Merck & Co, Pfizer,
> and Bristol−Myers Squibb.

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> Source
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> 1.. Fonarow GC, Wright RS, Spencer FA et al. Effect of statin
> use within the first 24 hours of admission for acute myocardial infarction
> on early morbidity and mortality. Am J Cardiol 2005; 96:611−616.
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> Related links
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>
> "Pervasive" gender disparities in treatment of ACS
> [HeartWire > News; Mar 17, 2005]
>
> Incremental benefits of aspirin, statins, beta blockers, and
> ACE inhibitors in ACS
> [HeartWire > News; Feb 17, 2004]
>
> Early statin use after ACS harmful for those with low
> cholesterol?
> [HeartWire > News; Jun 18, 2002]
>
> PACT: Early start of statin treatment after ACS safe, but has
> limited impact at 30 days
> [HeartWire > News; May 15, 2002]
>
> Statins in hospital only for those without normal cholesterol
> levels, say Swedish researchers
> [HeartWire > News; Jan 25, 2001]
>
> Is MIRACL a miracle or not?
> [HeartWire > News; Nov 17, 2000]
>
> Dramatic increase in use of statins after MI in Germany
> [HeartWire > News; Sep 8, 2000]
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- ***Follow−Ups***:
  - ***Re: Statin drugs lower heart attack death−study − 2nd article***
    - *From:* Bill
  - ***Re: Statin drugs lower heart attack death−study − 2nd article***
    - *From:* Robert

- ***References***:
  - ***Statin drugs lower heart attack death−study***
    - *From:* Bill

- Prev by Date: ***Re: Coffee is number one source of antioxidants***
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