

Statins reduce CV events in CAD patients with very low LDL-C

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Aggressive treatment with statins reduces the risk of subsequent cardiovascular events in patients with coronary artery disease even if they have very low LDL cholesterol levels, reveals research presented at ESC Congress 2013 today by Dr. Emi Nakano from Japan.

Dr Nakano said: "Many [randomised clinical trials](#), such as Treating to New Targets (TNT) and PROVE IT-TIMI, have shown that aggressive cholesterol lowering with [statins](#) improves clinical outcomes in patients with CAD and high LDL-C levels.^{1,2} But until now it was not known whether aggressive lipid lowering with statins would also benefit CAD patients with very low LDL-C levels."

The current study used the Ibaraki Cardiovascular Assessment Study (ICAS), a registry of 2,238 patients from 12 hospitals in the Ibaraki region of Japan, who between 0 and 1 month underwent percutaneous coronary interventions. Based on serum LDL-C levels at initial presentation participants were classified into three groups: very low (101 mg/dl, n= 1,355). Decisions of whether to prescribe statins or not, as well as the type and dose, were left to the discretion of treating physicians.

Patients were followed up for a maximum of 3 years. The efficacy of statin treatment was analysed on the composite outcome of Major Cardiovascular Events (MACE), defined as all cause mortality, non-fatal [myocardial infarction](#) and non-fatal stroke.

Statins were prescribed in 68% of patients (143) with very low LDL-C, 67% of patients (450) with low LDL-C and 67% of patients (913) with high LDL-C. A total of 204 patients experienced MACE during the median follow-up of 404 days.

The results of a Kaplan-Meier estimate show that three years of statin treatment produced significant reductions in the incidence of MACE in all three groups (p

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