

Use of statin does not improve survival among adults with ventilator-associated pneumonia

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Laurent Papazian, M.D., Ph.D., of Hôpital Nord, Marseille, France, and colleagues conducted a study to determine whether statin therapy decreased day-28 mortality among intensive care unit patients with ventilator-associated pneumonia.

Observational studies have reported that statins improve outcomes of various infections. Ventilator-associated pneumonia (VAP) is the most common infection in the [intensive care](#) unit (ICU) and is diagnosed in approximately 8 to 28 percent of ICU patients receiving [mechanical ventilation](#). Ventilator-associated pneumonia is associated with increased [mortality rates](#) and high health care costs. New treatments are needed to improve the outcomes of VAP, according to background information in the article.

The trial, performed in 26 intensive care units in France from January 2010 to March 2013, randomized 300 patients to receive simvastatin (60 mg) or placebo, started on the same day as antibiotic therapy and given until ICU discharge, death, or day 28, whichever occurred first.

The study was stopped for futility at the first scheduled interim analysis after enrollment of the 300 patients. The researchers found that day-28 mortality was not lower in the simvastatin group (21.2 percent) than in the placebo group (15.2 percent). There were no differences in day-14, ICU, or hospital mortality rates, or in duration of mechanical ventilation.

"These findings do not support the use of statins [for] improving VAP outcomes," the authors conclude.

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