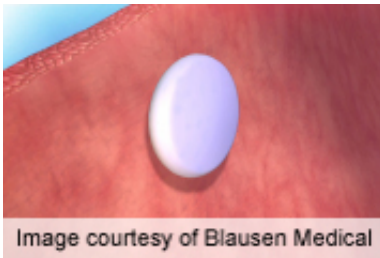


High-intensity statin effect independent of lipoprotein, CRP

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(HealthDay)—High-intensity statin therapy is associated with coronary atherosclerosis regression, regardless of baseline lipoprotein or C-reactive protein (CRP) levels, according to a study published in the Nov. 15 issue of *The American Journal of Cardiology*.

Rishi Puri, M.B.B.S., Ph.D., from the Cleveland Clinic Coordinating Center for Clinical Research, and colleagues examined the impact of baseline lipoprotein and CRP levels on coronary atheroma regression induced by high-intensity statin therapy. A total of 1,881 patients from eight prospective randomized trials, who maintained or switched to 18-24 months of high-intensity statin therapy were stratified according to baseline lipoprotein and CRP levels.

With high-intensity statin therapy, the researchers observed significant reductions from baseline in low-density lipoprotein cholesterol, non-high-

density lipoprotein (HDL) cholesterol, triglycerides, and CRP, and increases in HDL cholesterol (all P

"These findings provide support for the latest U.S. guideline recommendations for the broad use of high-intensity [statin therapy](#) in all patients with atherosclerosis, regardless of baseline lipid status," the authors write.

Two authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract](#)
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