

Statins associated with lower risk of cardiac events for some patients, not others

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Cholesterol-lowering statins were associated with lower risk for major cardiac events in some patients with preexisting ischemic heart disease but not in others, according to an article published online by *JAMA Internal Medicine*.

Long-term treatment with statins is recommended for patients with stable [ischemic heart disease](#) (IHD) because they are at increased risk for recurrent cardiovascular events. But there are differences among guidelines regarding the definition of appropriate targets for [low-density lipoprotein cholesterol](#) (LDL-C) levels. The American Heart Association's guidelines do not establish target LDL-C levels. However, the European Society of Cardiology recommends treatment be titrated to achieve LDL-C levels below 70 mg/dL.

Morton Leibowitz, M.D., of Clalit Research Institute, Tel Aviv, Israel, and coauthors compared the risk for major adverse [cardiac events](#) (MACEs) among patients with IHD according to LDL-C levels after at least one year of statin therapy.

The study considered low LDL-C levels to be less than or equal to 70 mg/dL; moderate levels to be 70.1 to 100 mg/dL; and high levels to be 100.1 to 130 mg/dL. MACEs included heart attack, unstable angina, stroke, angioplasty, bypass or death.

The study included 31,619 patients with IHD who were at least 80 percent adherent to their statin treatment: 9,086 (29 percent) had low

LDL-C levels, 16,782 (53 percent) had moderate LDL-C levels and 5,751 (18 percent) had high LDL-C levels. There were 9,035 patients who had a MACE or who died during an average 1.6 years of follow-up.

The authors report a low LDL-C level was not significantly associated with the risk of MACE compared with patients who had moderate LDL-C levels. However, moderate LDL-C levels were associated with a lower risk of MACE for patients compared with patients who had high LDL-C levels.

The authors note a number of study limitations, including restricting the study to patients with preexisting IHD and limited generalizability.

"Our results do not provide support for a blanket principle that lower LDL-C is better for all [patients](#) in secondary prevention," the study concludes.

In a related editor's note, *JAMA Internal Medicine* Editor Rita F. Redberg, M.D., M.Sc., of the University of California, San Francisco, and colleagues write: "The study by Leibowitz et al adds important information to the ongoing discussion of the best statin strategy and LDL-C targets to improve outcomes with minimal harms."

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