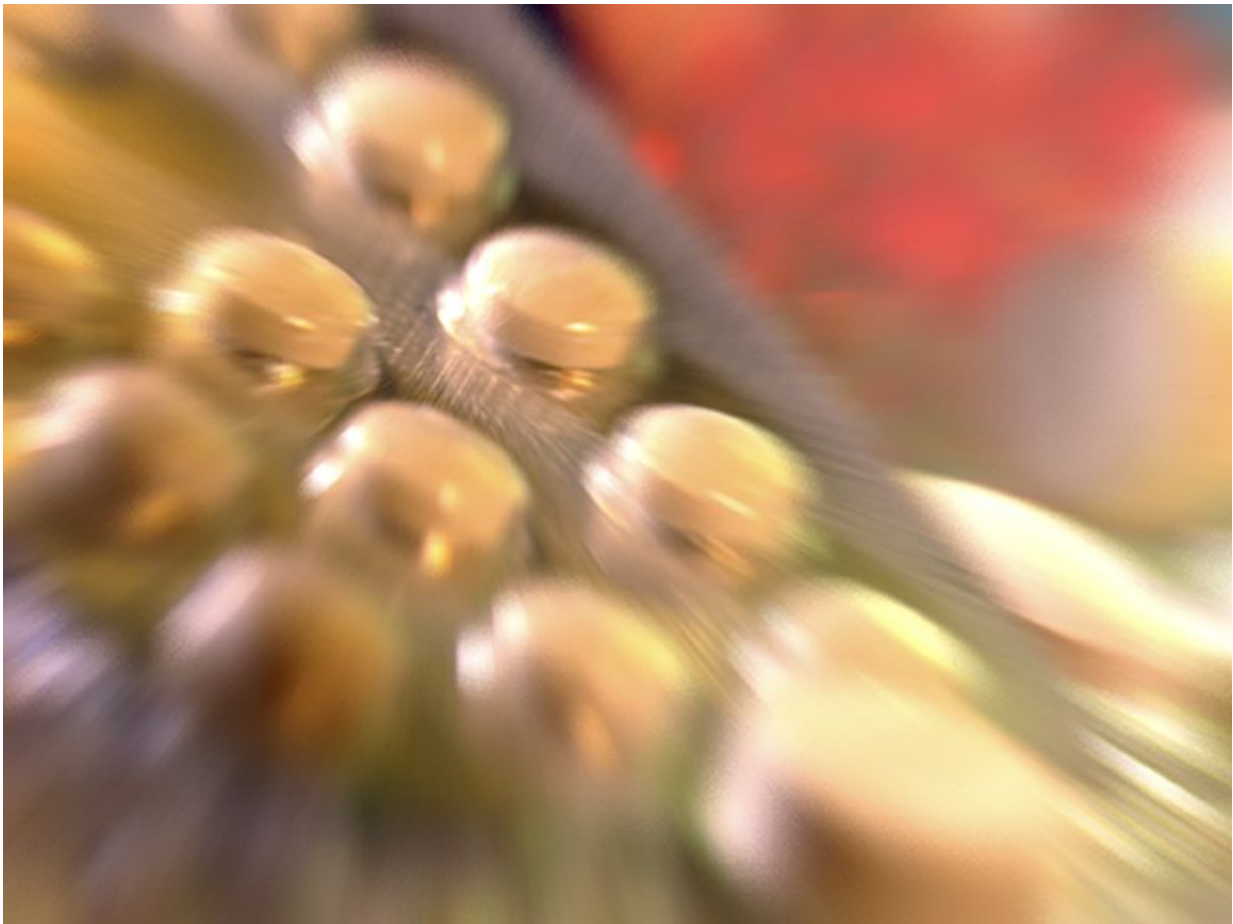


# Disease-guided approach ups specificity of statin treatment

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(HealthDay)—A disease-guided approach to statin eligibility can

improve treatment specificity, according to a study published in the Aug. 30 issue of the *Journal of the American College of Cardiology*.

Martin Bødtker Mortensen, M.D., Ph.D., from Aarhus University Hospital in Denmark, and colleagues personalized American College of Cardiology (ACA)/American Heart Association (AHA) risk-based statin eligibility criteria. Among 5,805 BioImage participants, down-classification from statin eligible to ineligible occurred for those with  $\geq 7.5$  percent 10-year [atherosclerotic cardiovascular disease](#) risk if imaging revealed no [coronary artery calcium](#) (CAC) or carotid plaque burden (cPB).

The researchers found that 86 percent of participants qualified for ACC/AHA risk-based statin therapy, with 96 percent [sensitivity](#) and 15 percent specificity. CAC and cPB scores of 0 were seen in 32 and 23 percent, respectively, and correlated with low event rates. Specificity for coronary heart disease events improved 22 percent with CAC-guided reclassification (P

"Withholding statins in individuals without CAC or carotid [plaque](#) could spare a significant proportion of elderly people from taking a pill that would benefit only a few," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry; the BioImage Study was designed by the High-Risk Plaque Initiative, which was funded by pharmaceutical companies.

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