

Statin use cuts five-year stroke risk for patients with atrial fibrillation

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Statin use is associated with a lower risk for incident stroke and transient

ischemic attack (TIA) in a duration-dependent manner among patients with atrial fibrillation (AF), according to a study presented at the annual meeting of the European Heart Rhythm Association, held from April 16 to 18 in Barcelona, Spain.

Jiayi Huang, from the University of Hong Kong, and colleagues assessed the association between [statin use](#) and AF-related outcomes among patients with AF. The analysis included 51,472 patients with newly diagnosed AF (2010 to 2018) categorized by statin therapy use (11,866 individuals) and statin nonuse (39,606 individuals).

The researchers found that during a median follow-up of 5.1 years, previous statin use was significantly associated with a lower risk for [ischemic stroke](#) (IS)/systemic embolism (SE), versus statin nonuse (subdistribution hazard ratio [SHR], 0.83). Similar patterns were seen for the associations between previous statin use and hemorrhagic stroke (HS; SHR, 0.93) and TIA (SHR, 0.85).

Statin use of six or more years predicted a lower risk for IS/SE, HS, and TIA (SHRs, 0.57, 0.56, 0.58, respectively) versus short-term statin use (three months to less than two years). In stratified analyses, a lower risk for IS was found to be associated with statin use consistently.

"These data support the use of statins to prevent stroke and [transient ischemic attack](#) in patients with new-onset [atrial fibrillation](#)," Huang said in a statement. "The findings have important clinical implications particularly given that in atrial fibrillation patients, ischemic strokes are often fatal or disabling, and have a high risk of recurrence."

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