

# Statin use differs among Hispanic adults at risk for heart disease

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In the United States, adults of different Hispanic/Latino backgrounds, at high risk for heart disease, varied significantly in their use of widely-prescribed cholesterol-lowering medications known as statins, according to new research in the *Journal of the American Heart Association*. The difference was based on whether or not they had health insurance.

"These findings have important implications for preventing disparities in cardiovascular outcomes within the growing U.S. Hispanic/Latino population," said study lead author Dima M. Qato, Pharm.D., M.P.H., Ph.D., assistant professor of pharmacy systems, outcomes and policy at the University of Illinois in Chicago. "Efforts to increase the use of statins, particularly targeting individuals that have already suffered a [heart attack](#) or stroke, should include expanding health insurance for all Hispanic/Latino adults that currently lack coverage, regardless of their heritage."

In one of the first studies to document differences in the use of statins and aspirin among diverse Hispanic/Latino populations in the United States, investigators found statin use was highest among high-risk study participants of Puerto-Rican heritage at 33 percent followed by those of Dominican heritage at 28 percent. The range was 22 percent for participants of Cuban and South American heritage and lowest among those of Central American backgrounds at 20 percent. However, lacking [health insurance](#) was associated with a lower likelihood of statin use in all groups.

Results were from 4,139 patients at high risk for heart disease enrolled in the larger Hispanic Community Health Study/Study of Latinos, in the Bronx, New York; Chicago, Illinois; Miami, Florida; and San Diego, California between March 2008 and June 2011. All participants (average age 52, about half women) were at [high risk](#) for heart disease, defined in the study as ever having had a heart attack, stroke, or diabetes. At enrollment,

participants underwent medical examinations and answered questionnaires about medication use and heart disease history.

Overall, researchers noted that one-fourth of study [participants](#) took statins and less than half (44 percent) took aspirin. The use of aspirin (available over-the-counter without a prescription) was comparable among all Hispanic/Latino groups.

"Efforts to improve statin prescribing in patients likely to benefit are particularly important in patients with history of [heart disease](#)," Qato said. "Healthcare providers and policy makers should be aware of the role of insurance in the underuse of preventative cardiovascular medications in specific Hispanic/Latino populations."

Heart disease is the No. 1 killer for all Americans and stroke is the fifth leading cause of death. Hispanics and Latinos, however, face even higher risks of cardiovascular diseases because of high blood pressure, obesity and diabetes. Lifestyle changes outlined in the American Heart Association's Life's Simple 7—controlling cholesterol, managing blood pressure and blood sugar, getting active, eating better, losing weight, and quitting smoking—can help lower these risks. But when lifestyle changes are not enough, medication also may be necessary.

Provided by American Heart Association

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