Statins May Improve Survival in Advanced HF

By Bruce Jancin

Orlando, Fla.—Statin therapy may markedly improve survival in patients with advanced heart failure, regardless of whether the etiology is ischemic or nonischemic, Andrew D. Sumner, MD, said at the annual meeting of the American College of Cardiology.

This enhanced survival appears to be due primarily to a reduced incidence of arhythmic death, added Dr. Sumner of Pennsylvania State University, Hershey.

He presented a retrospective analysis of data from the previously reported prospective Comparison of Medical Therapy, Pacing, and Defibrillation in Chronic Heart Failure (COMPANION) trial. In COMPANION, 1,320 patients with advanced heart failure (HF) at 128 U.S. centers were randomized 1:2:2 to optimal drug therapy alone, in conjunction with a cardiac resynchronization pacemaker, or with a combined cardiac resynchronization pacemaker/implantable cardioverter defibrillator (ICD).

There were 313 deaths during a median 16 months of follow-up. Unadjusted all-cause mortality among the 40% of COMPANION participants on a statin was 18%, compared with 22% in those who weren’t on a statin. After controlling for numerous variables—including New York Heart Association class, left ventricular ejection fraction, QRS duration, blood pressure, gender, age, diabetes and other comorbidities, HF duration and etiology, and treatment assignment—statin use was associated with a highly significant 28% reduction in all-cause mortality.

A closer look at the data showed that statin use was associated with a substantially reduced 33% reduction in all-cause mortality among patients randomized to medical therapy, but with no gain in survival in patients who received only optimal pharmacologic therapy. Further analysis showed that statin-treated patients on cardiac resynchronization therapy plus an ICD. This is to be expected, since the ICD already protects against sudden cardiac death, which together with pump failure constitute the two chief causes of mortality in patients with advanced HF.

Dr. Sumner stressed that COMPANION participants were not randomized to statin therapy, and as a retrospective analysis, his study must be considered hypothesis-generating. “Hopefully, there will be a randomized, placebo-controlled trial to confirm these observations,” he added.

Although statins are best known for their proven benefits in lowering cholesterol, recent trials indicate that these drugs also offer substantial protection against stroke and diabetes, improve cardiovascular outcomes, and as a consequence, raise the question of statin use for primary and secondary prevention.

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For example, statin users have been repeatedly shown to have a reduced risk of death, which measures heart failure patients, and patients with atrial fibrillation. Further analysis showed that statin-treated patients on cardiac resynchronization therapy plus an ICD. This is to be expected, since the ICD already protects against sudden cardiac death, which together with pump failure constitute the two chief causes of mortality in patients with advanced HF.

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