EARLY VERSUS LATE STATIN ADMINISTRATION IN PATIENTS WITH ACUTE CORONARY SYNDROME

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BACKGROUND / AIMS: Statins have been shown to benefit acute coronary syndrome (ACS) patients. However, the role of earlier initiation of statins after ACS is unknown. We conducted a retrospective observational study to see if there is any association of early initiation of statin therapy ($\leq$ 2 days) after ACS with better clinical outcome.

METHODS: Patients admitted to our hospital from 2000-2004 for their first attack of ACS were recruited in this study. The 210 eligible subjects were divided into an early group (received statins within 2 days of admission, n=98) and a late group (treated with statins > 2 days of admission, n=112). We evaluated the event-free survival in these patients. The endpoints were cardiovascular (CV) mortality, nonfatal myocardial infarction (MI); recurrent chest pain; stroke, revascularization; hospitalization due to CV event; and all-cause mortality.

RESULTS: There were no significant differences in 1-month, 4-month and 12-month CV or all-cause mortality between the early statin and late statin groups. There were also no differences in other endpoints. Another parameter independently associated with CV mortality at 12 months was chronic renal failure (CRF) (RR, 5.60, p=0.039). Parameters that were independently associated with 12-month hospitalization were smoking (RR, 3.06, p=0.007) and CRF (RR, 3.59, p<0.0001).

DISCUSSION / CONCLUSIONS: In this study, there were no statistically significant risk reductions from early statin therapy for CV-related death and other clinical outcomes. The immediacy of the statin effects within 2 days and their translation to clinical outcome has not been proven in our study.

Key words: Early statin therapy, Acute coronary syndrome, Pleiotropic effect