

Quality and Patient Safety

Statins Not Beneficial in Most Chest Pain Admits

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There is current "statin hysteria" with people prescribing statins for everything from STEMI to stroke to Alzheimer's. And the push is to give as much of the drug (high dose) and as early in the course ("ER") as possible. There is a reason why atorvastatin is one of the hottest selling drugs in the world.

How much of this is "stuff we heard at a meeting" or worse "at a free dinner" – and how much is actually proven in good studies? While I am not arguing about the use of statins for coronary stents, I do worry about the national recommendations to get a lipid level in the emergency department for patients with ST Elevation Myocardial Infarction (STEMI) and Acute Coronary Syndrome (ACS). Why? We do not know if the patient is fasting which can skew the measured LDL level significantly. We know that periods of significant metabolic stress can affect the lipid levels. Then the most obvious question, what are you going to do with the level for the admitted patient who does not have ACS and does not receive a stent? To which the makers of statins say "put them on a statin!"

So here is the question. In light of national groups asking for cholesterol and lipid panels in the emergency department for the <u>possible</u> ACS patient², do we have any evidenced-based data that supports this recommendation? Answer: "No."

We do have data from 12 trials involving over 13,000 patients that proves that giving statins (compared to placebo) to patients with <u>proven</u> acute coronary syndromes as a whole does <u>not</u> reduce death, does <u>not</u> reduce nonfatal MI, and does <u>not</u> reduce nonfatal stroke, when one looks at the first four months after hospitalization for ACS.³ Furthermore, we have evidence that putting people on statins that do not have heart disease does <u>not</u> improve morbidity or mortality.⁴

So forget the ER "lipid level" (it's not accurate anyway) and say "no" to statins in the ER, at least until better data can prove to us otherwise.

References

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Keywords: statin, myocardial infarction, emergency service, commentary