



Statins Not Beneficial in Most Chest Pain Admits

Dr. Moore¹ shares two concerns with regard to my commentary² that most admitted chest pain patients should not be started on statins. First, he is concerned that a proper cardiac risk stratification for a chest pain patient requires a lipid panel. Secondly, he believes a non-fasting lipid panel may be an acceptable alternative for a fasting lipid panel.

If this patient was an asymptomatic clinic patient being screened for future risk, I would agree with Dr. Moore. But the acutely-stressed patient presenting with “chest pain” is considerably different.

First, lipid levels have not been proven helpful in discriminating the etiology of chest pain. This information may be occasionally helpful to predict risk over 5-10 years, but it does nothing for the “chest pain” patients in the hospital. In fact, few risk factors (discovered in long-term epidemiological studies) have any discriminatory value used prospectively in the ER for chest pain patients.^{3,4} Screening all “chest pain” patients in the ED routinely to pick up the rare familial hyper-cholesterolemia is unjustified.

Secondly, there are problems of a non-fasting calculated LDL (and currently no commonly available non-fasting direct measures) as Dr. Moore acknowledges. In addition, a patient who is ill or metabolically stressed may have skewed lipid results (not to mention liver functions).⁵

The place for accurate lipid levels, long-term risk stratification, statin consideration and compliance issues for most “chest pain” patients is back in the office for a follow-up visit – not the ER.

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References

¹ Moore J. In response: Statins not beneficial in most chest pain admits. *KS J Med* 2008; 1:90-91.

² Mosley M. Statins not beneficial in most chest pain admits. *KS J Med* 2008; 1:88-89.

³ Han JH, Lindsell CJ, Storrow AB, et al. The role of cardiac risk factor burden in diagnosing acute coronary syndromes in the emergency department setting. *Ann Emerg Med* 2007; 49:145-152.

⁴ Ware JH. The limitations of risk factors as prognostic tools. *New Engl J Med* 2006; 355:2615-17.

⁵ Rifai N, Warnick GR, Dominiczak MH. (Eds.) *Handbook of Lipoprotein Testing*. Washington, DC: American Association for Clinical Chemistry, 2000.