

P4794 : Early statin initiation improves 6-month mortality in acute myocardial infarction

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Background: Randomized controlled trials in patients (pts) with acute myocardial infarction (AMI) indicate that statins reduce recurrent angina, coronary revascularization procedures and re-hospitalization. Several observational studies suggest a large reduction in mortality in pts with AMI treated with statins prior to or at hospital discharge. The aim of this study was to assess the impact of 48 h statin initiation in pts with AMI on 6-month total mortality in a nation-wide registry of AMI.

Methods: FAST-MI is a nation-wide registry carried out over a 1-month period in the fall 2005 which included consecutive pts with AMI admitted to coronary care units at the 223 participating centers. A multivariate Cox regression analysis was used to evaluate factors independently associated with 6-month total mortality.

Results: Among 3059 pts (1711 pts had a ST-segment elevation AMI) included in the FAST-MI registry, 3009 were alive 48 h after the onset of hospitalization. In 2245 pts (74.6%), statin therapy was initiated at 48 h. The median length of follow-up was 252 days. Factors independently associated with 6-month total mortality were 48 h statin initiation [relative risk (95% confidence interval): 0.77 (0.60-0.99), p=0.046], older age (higher or equal than 75 years) [3.26 (2.52-4.21), p=0.0001], Killip class higher or equal than 2 [3.52 (2.76-4.49), p=0.0001], thienopiridine therapy [0.76 (0.58-0.99), p=0.046], and beta-blocker therapy [0.56 (0.44-0.71), p=0.0001].

Conclusions: These nation-wide results suggest that early statin initiation is associated with reduced total mortality in pts with AMI. However, these findings have to be confirmed by long-term follow-up in our registry and in randomized controlled trials showing the impact of early statin therapy on total mortality and AMI recurrence.