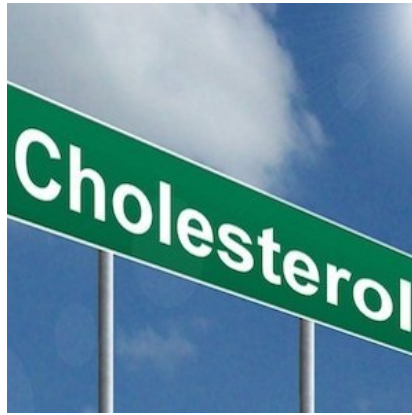




Study: Low Statin Use in Patients with High LDC-C Levels



Treatment with statins is recommended for all adults 21 years or older with an elevated low-density lipoprotein cholesterol (LDL-C) level of 190 mg/dL or greater. However, a new study published in JAMA Cardiology shows low statin prescription rates even for patients in their 30s and 40s who have severe elevations in LDL-C levels.

See Also: [Statin vs Nonstatin Therapies for Lowering LDL-C](#)

Severe elevation of LDL-C levels is a modifiable risk factor for developing premature cardiovascular disease. Treatment with statins has been shown to reduce the risk of death and result in cost savings for health systems.

Researchers in the U.S. examined rates of statin prescription in patients screened for dyslipidemia – a disorder of lipoprotein metabolism, including lipoprotein overproduction or deficiency – to identify treatment gaps. They found that statin prescription rates for patients with severe dyslipidemia varied sharply by age, with significantly lower rates in younger patients. Statins were prescribed in only 32 percent, 47 percent, and 61 percent of patients in their 30s, 40s, and 50s, respectively.

For the study, the researchers used a national clinical registry that encompasses data from inpatient and outpatient encounters from 360 medical centres in all 50 states, and included all patients between age 20 and 75 years who had both LDL-C and pharmacy records reported between 1 July 2013, and 31 July 2016.

Of the 2,884,260 patients with a qualifying lipid analysis, 3.8 percent had an LDL-C of 190 mg/dL or greater. The statin prescription rate for patients with severe dyslipidemia but without diabetes or established atherosclerotic cardiovascular disease (ASCVD) was 66 percent. Even with more severe elevations in LDL-C levels (LDL-C >250 mg/dL and LDL-C > 300 mg/dL), 25 percent of patients were not prescribed a statin, according to the research team led by David A. Zidar, MD, PhD, of University Hospitals Cleveland Medical Center, Cleveland.

"This finding has particular relevance given the early onset of ASCVD and cardiovascular death observed in familial hypercholesterolemia studies from the pre-statin era," Dr. Zidar and colleagues note.

The study also highlights the need for specific interventions that optimise the follow-up of younger patients after lipid screening, leading to improved outcomes and cost reduction associated with the treatment of severe dyslipidemia, the authors add.

Source: [JAMA Cardiology](#)

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