Use of High-potency Statins After Percutaneous Revascularization

Uso de estatinas de alta potencia tras revascularización percutánea

To the Editor,

We have read with interest the editorial by Parikh and Kirtane on the indication for higher-intensity lipid-lowering therapy after drug-eluting stent implantation. Statins reduce the risk of atherosclerotic cardiovascular disease and improve prognosis after acute coronary syndrome. The effectiveness of the therapy has been linked to the magnitude of the drug-induced reduction in low-density lipoproteins. Thus, high-potency statins provide an even greater benefit than lower-potency statins.

Our group recently compared the percutaneous revascularization strategy for severe lesions in secondary coronary branches (diameter ≥ 2 mm) of major epicardial arteries vs conservative treatment in 589 patients. After a mean follow-up of 24 months, there were no significant differences in the occurrence of cardiovascular events between percutaneous treatment (376 patients, 63.8%) and conservative treatment (213 patients, 36.2%).

We also analyzed whether the use of high-potency statins (atorvastatin, rosuvastatin, pitavastatin, and simvastatin 80 mg) vs low-potency statins differed according to the revascularization strategy adopted. None of the patients—neither overall nor when stratified according to the treatment received—showed differences in cardiovascular events during follow-up according to whether they received percutaneous revascularization or optimal medical therapy.

We believe that 2 important aspects should be considered by researchers evaluating the benefit of the use of high-potency statins after percutaneous revascularization. The first is the possible prescription bias that leads physicians to prescribe more intensive treatments after stenting vs optimal medical treatment. The second aspect is the greater adherence to lipid-lowering therapy in patients receiving percutaneous treatment vs those who do not.

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