

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of Interest No conflict of interest.

4CPS-039 ABSTRACT WITHDRAWN

4CPS-040 ADHERENCE TO GUIDELINES AND PRESCRIBING TRENDS OF STATINS IN PATIENTS WITH ACUTE CORONARY SYNDROME

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Background and Importance Early use of statins in patients with Acute Coronary Syndrome (ACS) was associated with a reduced in-hospital mortality rate. Furthermore, there is evidence that apart from LDL-C lowering, statin therapy provides other clinical benefits, referred as pleiotropic effects, which can be beneficial early after an ACS, including enhancement of plaque stabilisation, improvement of endothelial function, anti-inflammatory effects and decreased thrombogenicity. Despite this, epidemiological studies in USA suggest that a large proportion of patients with ACS did not receive high intensity statins.

Aim and Objectives The goal of the current study is to evaluate the prescribing trends of high intensity statin treatment early in the post-ACS course in hospitalised patients in Greece.

Material and Methods We conducted a multicentre retrospective study of patients who had experienced an ACS event during the period between January 2012 and December 2016 in four hospitals in Greece. The International Statistical Classification of Diseases and Related Health Problems – Tenth Revision – Clinical Modification (ICD-10-CM) was used to identify ACS events in the electronic inpatient medical records. Demographics, baseline lipid levels, statin dosage regimens, days of hospitalisation and in-hospital mortality were recorded.

Results Among 2,708 patients meeting the inclusion criteria, 41.8% received high-, 37.2% moderate-, and only 0.2% low-intensity therapy, while 19.8% did not receive any statins. Out of the high-intensity regimens, atorvastatin 40 mg was the most common regimen prescribed followed by rosuvastatin 20 mg. Only 29.9% of patients aged >75 received intensive regimens, while the percentage for patients aged ≤75 was 46.9%. A significant correlation ($p < 0.05$) was found between the decision to prescribe a statin and the mean baseline LDL-cholesterol level.

Conclusion and Relevance The majority of ACS patients in the four Greek Hospitals included in the study did not receive high-intensity statins, but the percentage who did receive these drugs was higher than that reported in other similar studies in the USA. Adherence to recommended guidelines for statins should be encouraged within the health system in order to optimise the utilisation of these lipid-lowering agents and reduce the risk of recurrent cardiovascular events in ACS patients.

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