

## Moderate and high-intensity statin on outcome in dialysis patients after acute myocardial infarction

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**Background/Aims:** In patients with acute myocardial infarction(AMI) undergoing percutaneous coronary intervention (PCI), current guidelines recommend to initiate or continue high-intensity statin regardless of baseline LDL-C value. However, evidence of high-intensity statin is limited in dialysis patients with AMI following PCI. The aim of this study was to compare the effect of moderate versus high-intensity statin on long-term clinical outcomes in dialysis patients after AMI.

**Methods:** Among 10,719 patients who underwent PCI after AMI in COREA-AMI registry, 213 dialysis patients (179 hemodialysis patients, 34 peritoneal dialysis patients) were selected. According to the intensity of statin therapy, patients were categorized into moderate-intensity statin therapy (n= 100) and high-intensity statin therapy (n=36). The primary outcome was evaluated as MACE (composite of all-cause death, non-fatal MI, non-fatal stroke and any coronary revascularization).

**Results:** Mean age of the study population was 64.6 years. Baseline mean LDL-c were 86.4 mg/dL in moderate-intensity statin group, 95.0 mg/dL in high-intensity statin group. During  $4.55 \pm 2.31$  (mean  $\pm$  standard deviation) years of follow-up, the primary outcome occurred in 7 patients (19.4 %) receiving high-intensity statin, as compared with 39 patients (39.0%) receiving moderate-intensity statin (hazard ratio, 0.50; 95 percent confidence interval, 0.22 to 0.96;  $P = 0.049$ ) (Figure 1).

**Conclusions:** In dialysis patients after AMI, intensive lipid-lowering therapy with high-intensity statin might provide clinical benefits beyond afforded by treatment with moderate-intensity statin.

Figure 1. Cumulative incidence of primary outcome

