

**STATIN DRUGS IMPROVE SURVIVAL, BUT NOT PATENCY AND LIMB SALVAGE RATES IN PATIENTS FOLLOWING OPEN OR ENDOVASCULAR REVASCLARIZATION**

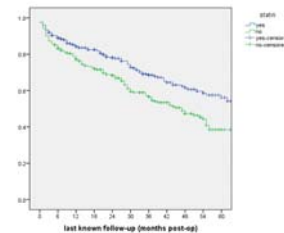
\*Gupta A, Lall P, Harris LM, Dryjski ML, Dosluoglu HH  
 VA Western NY HHealthcare System, SUNY at Buffalo, Buffalo, NY

**Objective:** The aim of our study was to determine if statin drug use was associated with improved early and late patency, limb salvage rates and survival.

**Methods:** All patients who underwent endovascular or open revascularization for disabling claudication(DC) or critical limb ischemia(CLI) between 06/2001-06/2008 were included. Patients on STATIN drugs were compared to those who were not (non-STATIN).

**Results:** Of the 657 patients (751 limbs), 434 were on STATINs, 317 were not. STATIN group were more likely to have CAD, hypertension, hyperlipidemia, and be on beta-blockers and ACEI, whereas patients in the non-STATIN group were more likely to have CLI(Table). 30-day combined MI/stroke/loss of primary patency/death (MSLD) were similar between groups (4.8% vs. 5.7%, P=0.620), whereas it was significantly less at 3 months (14.5% vs. 21.8%, P=0.011) and 6 months (21.2% vs. 27.8%, P=0.038) in the STATIN group.

	Statin	No statin	P value
CAD	66%	51%	<0.001
Hypertension	79%	69%	0.001
Beta blocker	65%	45%	<0.001
ACEI	58%	43%	<0.001
CLI	61%	78%	<0.001



Overall survival was significantly better (5-year  $56 \pm 4\%$  vs  $38 \pm 4\%$ ,  $P < 0.001$ ) in the STATIN group (Figure), especially in those with CAD ( $P < 0.001$ ); no effect seen in those without CAD ( $P = 0.778$ ). Survival in patients with DC were similar ( $P = 0.875$ ) regardless of statin use whereas it was significantly better in those with CLI who were on statins ( $48 \pm 5\%$  vs  $32 \pm 4\%$ ,  $P = 0.038$ ). Statin use did not affect survival in those with hypertension, diabetes, COPD, and on beta blockers. Patency rates and limb salvage rates were similar in groups, when DC and CLI were separately compared.

**Conclusions:** In patients who underwent revascularization for DC or CLI, statin use did not have an impact on 30-day MSLD, whereas it was associated with improved outcomes at 3 and 6 months. Although statin use did not affect long term patency and limb salvage, we found that it increases overall survival, especially in patients with a history of CAD. Its effect on survival was more prominent in patients with CLI than claudicants.