

スタチンと心不全（CORONA）

CORONAトライアルの結果、最大限の薬物治療にスタチンを加えても進行した収縮不全患者の予後は改善しないことが示された

CORONA trial suggests that adding a statin to optimal medical therapy for advanced systolic heart failure does not improve prognosis

最大限の薬物治療にスタチンを加えても虚血性心疾患を伴う進行した収縮不全患者の予後は改善しないことが示された、とAmerican Heart AssociationのLate-Breaking Clinical Trialセッションで発表された。CORONAトライアルではクラスIIまたはIIIの男女心不全患者5,011人（平均年齢73歳、平均左室駆出率31%）をロスバスタチン（1日10mg）またはプラセボを加える群に無作為に割り付けた。平均追跡期間は2.5年間であった。スタチン群では心血管死または非致死的心筋梗塞または脳卒中からなる複合エンドポイントが8%減少したが有意ではなかった。この減少は主に、動脈硬化に関連した致死的心筋梗塞および脳卒中イベントの減少によるものであった。死亡のほとんどは突然死または非虚血性の原因によるものでロスバスタチンの影響を受けるようなものではなかった。興味深いことに、スタチン群は心不全悪化を含む全ての原因による入院が有意に少なかった。

Full Text

The addition of a statin to optimal medical therapy does not improve prognosis for patients with ischemic heart disease and advanced systolic heart failure, according to a late-breaking clinical trial presentation at the annual meeting of the American Heart Association.

"Because patients with symptomatic heart failure were excluded from past placebo-controlled trials with statins, the benefits and risks of statins in the treatment of heart failure remain uncertain," said Ake Hjalmarson, an investigator in the Sweden-based Controlled Rosuvastatin Multinational Trial in Heart Failure (CORONA). CORONA was designed to clarify the role of statin therapy in treating patients with systolic heart failure.

CORONA was a randomized, double-blind, placebo-controlled study of 5,011 men and women with chronic symptomatic systolic heart failure caused by coronary artery disease. Average patient age was 73 years; 24 percent of participants were women. Among all patients, 37 percent had New York Heart Association (NYHA) class II heart failure and 62 percent had class III failure. Average ejection fraction was 31 percent.

Average total cholesterol among patients was 200 mg/dL. Eligible patients were not already taking a cholesterol-lowering drug. Medical histories included 60 percent with a history of myocardial infarction, 63 percent with hypertension, and 30 percent with diabetes.

"These patients were well-treated for their heart failure," Hjalmarson said, with 87 percent on loop or thiazide diuretics, 39 percent on aldosterone antagonists, 91 percent taking an angiotensin-converting enzyme inhibitor or angiotensin-I blocker, 75 percent taking a beta-blocker, and 33 percent taking digitalis. In addition, 51 percent were taking aspirin and 36 percent were taking anticoagulants.

Patients were randomized to receive either 10 mg rosuvastatin or placebo along with all other medications. Average follow-up time was 2.5 years.

The primary composite endpoint of CORONA was to determine whether rosuvastatin reduced the number of patients experiencing cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke. The 8 percent reduction with rosuvastatin was not significant. The reduction was primarily due to a decrease in the atherosclerotic-related events of non-fatal myocardial infarction and stroke.

The majority of deaths among study participants were due to sudden death or a non-ischemic cause, outcomes that did not appear to be affected by an added statin. However, significantly fewer hospitalizations occurred in the rosuvastatin group, including non-ischemic and ischemic causes.

"The CORONA results represent a major advancement in medical research and understanding of patients with advanced heart failure, they clearly differ from patients without heart failure in their response to statin treatment" said lead investigator Prof. John Kjekshus, Department of Cardiology, Rikshospitalet University Hospital, Oslo, Norway. "We added a highly effective statin on top of an optimal treatment regimen. Our findings suggest the major cause of death in these patients was likely not to be related to atherosclerotic events, where benefit with statins in non-heart failure patients has been demonstrated, but instead may have been caused by the deterioration of failing heart muscle damaged beyond repair. CORONA underscores the need for early intervention in the progression of atherosclerosis to prevent one of its worst consequences, heart failure."

Cardiology特集

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