心停止前のスタチン使用はその後の生存を手助 けする可能性がある

(Presentation 15-Session: ReSS.AOS.11B)

スタチンの事前使用は心停止後の高生存率と関連がある

Prior use of statins associated with higher rates of survival after cardiac arrest

スタチン投与を続けている患者はそうでない患者に比べ、心停止後の生存期間が長い傾向にある、と2016年American Heart Association年次集会Resuscitation Science Symposiumで発表された。研究者らは、スタチンの事前使用により、病院到着時の生存率が約19%高く、長期生存し生きて退院する確率が約47%高く、その後1年以上の生存率が50%高いことを明らかにした。スタチン群の中では、2型糖尿病を有する患者において生存率が最も大きく改善した。

Full Text

Patients who have been taking statins are likely to survive longer after a cardiac arrest than those who are not taking them, according to research from Taiwan researchers presented during the Resuscitation Science Symposium at the American Heart Association's Scientific Sessions 2016.

A study analyzing the records of nearly 138,000 patients who suffered out-of-hospital-cardiac arrest in the Taiwan National Health Insurance Research Database found that the prior use of statins was associated with higher rates of survival after cardiac arrest than was non-use. Statin users were significantly more likely than non-users to be still alive a year after the episode. Within the statin group, a subgroup of patients with Type 2 diabetes showed the most improvement in survival rate.

The study also found that with the prior use of statins, patients were:

- •About 19 percent more likely to survive to reach a hospital;
- •About 47 percent more likely to survive long enough to be discharged from hospital;
- •50 percent more likely to survive for at least a year afterwards; and
- Most likely to see a benefit from prior use of statins if they had Type 2 diabetes.

"There is some risk associated with statins, but this study confirms the benefit," said Ping-Hsun Yu, M.D., study senior author and a researcher at the Taipei Hospital Ministry of Health and Welfare in Taiwan.

For patients who have already experienced a myocardial infarction or ischemic stroke, cholesterol-lowering statins are often prescribed to prevent a second cardiovascular event. However, because these drugs can cause significant side effects (most commonly reported are muscle pain and weakness and increased blood sugar levels), the recommendation to use statins for the prevention of a first cardiac arrest or stroke is not clear.

Yu and his colleagues sorted the records according to whether or not the patients had used statins within 90 days of a cardiac event and researchers accounted for gender, age, underlying conditions, years of hospitalization, post-resuscitation factors, and several other variables.

More than 95 percent of the research population in the analysis were Asian, so researchers say these results might not apply to other ethnic groups or to multi-ethnic populations. The pre-existing database also did not distinguish among different dosages or types of statin. A prospect for further study, said Yu, "may be to divide the statins into different subgroups to see if different potencies or types result in different outcomes."

Co-authors are Chien-Hua Huang, M.D.; Min-Shan Tsai, M.D. and Wen-Jone Chen, M.D., Ph.D. The National Taiwan University Hospital provided funding for access to the National Health Insurance Research Database.

Cardiology特集

AHA2016 (第89回米国心臟病協会)

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