

高用量スタチンは認知症を予防する

高用量スタチンを内服している患者は認知症発症リスクが低い

Patients taking high doses of statins have lower risk of developing dementia

高用量のスタチンは高齢者の認知症を予防するとの研究結果が2013年European Society of Cardiology学会で発表された。研究者らは台湾国内の健康保険を有する100万人の無作 為サンプリングを行った。これらの中から、認知症の既往のない65歳超の患者57,669人を抽出 した。解析には初老期認知症および老人性認知症が含まれたが、血管性認知症は除外され た。約4.5年の経過観察期間中に5.516人が新たに認知症と診断された。残りの52,153人はコ ントロール群とされた。対象は1日の平均等価用量および総(経過観察期間全体)等価用量に 基づき三分位に分類された。認知症に対する補正ハザード比は、1日の等価用量または総等 価用量の増加に有意に逆相関した。総等価用量が最も高い患者は認知症発症リスクが3倍 低かった。1日のスタチン等価用量に関しても同様の結果が認められた。スタチンの予防効果は 異なる年代、性別および心血管リスクサブグループにおいても同様に認められた。

Full Text

High doses of statins prevent dementia in older people, according to research presented at the ESC Congress by Dr. Tin-Tse Lin from Taiwan. The study of nearly 58,000 patients found that high potency statins had the strongest protective effects against dementia.

Dr. Lin said: "Statins are widely used in the older population to reduce the risk of cardiovascular disease. But recent reports of statin-associated cognitive impairment have led the US Food and Drug Administration (FDA) to list statin-induced cognitive changes, especially for the older population, in its safety communications.

He added: "Previous studies had considered statin therapy to exert a beneficial effect on dementia. But few large-scale studies have focused on the impact of statins on new-onset, non-vascular dementia in the geriatric population.'

Accordingly, the current study examined whether statin use was associated with new diagnoses of dementia. The researchers used a random sample of 1 million patients covered by Taiwan's National Health Insurance. From this they identified 57,669 patients aged >65 years who had no history of dementia in 1997 and 1998. The analysis included pre-senile and senile dementia but excluded

There were 5,516 new diagnoses of dementia during approximately 4.5 years of follow-up. The remaining 52,153 patients aged >65 formed the control group. Subjects were divided into tertiles according to their mean daily equivalent1 dosage and total (across the entire follow up period) equivalent dosage.

The adjusted hazard ratios (HRs) for dementia were significantly inversely associated with increased daily or total equivalent statin dosage. The HRs for the three tertiles of mean equivalent daily dosage (lowest to highest) were 0.622, 0.697 and 0.419 vs. control (P < 0.001 for trend). The HRs for the three tertiles of total equivalent dosage (lowest to highest) were 0.773, 0.632 and 0.332 vs. control (P <0.001 for trend). The protective effect of statins remained in different age, gender and cardiovascular risk subgroups.

Dr. Lin said: "The adjusted risks for dementia were significantly inversely associated with increased total or daily equivalent statin dosage. Patients who received the highest total equivalent doses of statins had a 3-fold decrease in the risk of developing dementia. Similar results were found with the daily equivalent statin dosage.

He added: "It was the potency of the statins rather than their solubility (lipophilic or hydrophilic) which was a major determinant in reducing dementia. High potency statins such as atorvastatin and rosuvastatin showed a significant inverse association with developing dementia in a dose-response manner. Higher doses of high potency statins gave the strongest protective effects against dementia."

Dr. Lin continued: "The results were consistent when analyzing daily doses of different kinds of statins. Almost all the statins (except lovastatin) decreased the risk for new onset dementia when taken at higher daily doses. A high mean daily dosage of lovastatin was positively associated with the development of dementia, possibly because lovastatin is a lipophilic statin while the anti-inflammatory cholesterol lowering effect of lovastatin is not comparable to that of atorvastatin and simvastatin.

Dr. Lin concluded: "To the best of our knowledge, this was the first large-scale, nation-wide study which examined the effect of different statins on new onset dementia (except vascular dementia) in an elderly population. We found that high doses of statins, particularly high potency statins, prevent

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