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급성 심근경증과 신기능 이상이 있는 환자에서 스타틴 치료가 단기 및 장기 예후에 미치는 영향

전남대학교 의과대학 내과[1], 고려대학교 내과[2], 전남대학교 심혈관연구소[3]

배은희[1], 임상엽[2], 최준석[1], 김창성[1], 박정우[1], 마성권[1], 정명호[3], 김수완[1]

Effect on Short-term and Long-term Major Adverse Cardiac Events of Statin Treatment in Patients with Acute Myocardial Infarction Patients and Renal Dysfunction

Eun Hui Bae[1], Sang Yup Lim[2], Joon Seok Choi[1], Chang Seong Kim[1]
Jeong Woo Park[1], Seong Kwon Ma[1], Myung Ho Jeong[3], Soo Wan Kim[1]

Department of Internal Medicine[1] Chonnam National University Medical School
Department of Internal Medicine[2] Korea University
Cardiovascular Research Institute[3] of Chonnam National University

Background: The 3-Hydroxy-3-methylglutaryl-coenzyme A (HMG-CoA) reductase inhibitors (statins) reduce major adverse cardiac events (MACEs) and mortality in patients with acute coronary syndrome. We investigated the effectiveness of statin therapy in reducing MACEs in acute myocardial infarction (AMI) patients with renal dysfunction (RD).
Methods and Results: In this retrospective study of 12,853 patients with AMI, patients were categorized into 4 groups: group I, statin therapy and no RD (eGFR ≥60 ml/min/1.73m^2); group II, neither statin therapy nor RD; group III, statin therapy and RD; group IV, no statin therapy but RD. Primary end points were death and complications in hospital courses. Secondary end points were MACEs during a 1-year follow-up after AMI. The significant differences in composite MACEs in a 12-month follow-up were observed among the 4 groups (group I, 11.7%; group II, 19.0%; group III, 26.7%; group IV, 45.5%; p value <0.001). In a Cox proportional hazards model, mortality at 12 months increased stepwise from group II to IV compared with group I. Moreover, MACE-free survival in the severe RD group (eGFR <30 mL/min per 1.73m^2) was also higher in the statin-treated group.
Conclusion: Statin therapy reduced MACEs at 1-year follow-up in patients with AMI regardless of renal dysfunction.

Key Words: 급성 심근경색, 사구체 여과율, 스타틴
Acute myocardial infarction, Glomerular filtration rate, Statin