INTRODUCTION
American College of Cardiology/American Heart Association (ACC/AHA) guidelines for cholesterol and acute coronary syndrome (ACS) recommend high intensity statins for secondary prevention in high-risk coronary artery disease patients as they have been shown to significantly reduce recurrence of cardiovascular events. Analyses and reports have shown that major gaps still remain in implementing high-intensity statins in these patients, despite strong guideline recommendations.

A retrospective analysis published in the Journal of American College of Cardiology evaluated high intensity statin use post-discharge in patients hospitalized for acute myocardial infarction or revascularization.

- Only 27% of patients had post-discharge, 1st fills for high intensity statins, as recommended by ACC/AHA guidelines
- Approximately 23% who were not on a statin previously had prescriptions filled for high intensity statins post discharge
- Only 9.4% of those who were on low/moderate intensity statins had prescriptions filled for high intensity statins post discharge

METHODS
- 50 PCI patients and 50 CABG patients were randomly selected
- 1 patient was excluded due to intolerance to statins
- Patients were identified using ICD10 coding for CABG or PCI
- Patients were analyzed through retrospective chart review utilizing computerized physician order entry and medical records to gather data on statin selection and doses from April 2016 to August 2016

RESULTS

| Patient Demographics: Majority of patients were males over the age of 55 |

<table>
<thead>
<tr>
<th>% of PCI Patients Who Received High/Moderate (&gt;75y/o) Intensity Statins</th>
<th>% of CABG Patients Who Received High/Moderate (&gt;75y/o) Intensity Statins</th>
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<tbody>
<tr>
<td>Admission</td>
<td>Post-Procedure</td>
</tr>
<tr>
<td>A</td>
<td>61%</td>
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<td>B</td>
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- 24% of patients did not receive the appropriate statin post-procedure
- 33% of patients did not receive the appropriate statin at discharge
- 41% of patients did not receive appropriate statin post-procedure
- 40% of patients did not receive appropriate statin at discharge

DISCUSSION/CONCLUSION

- The results of this study reflect gaps in the implementation of guideline recommended therapy with high intensity statins (<75 years old). In analyzing the primary endpoint, only 67% of patients in the PCI group and 60% of patients in the CABG group received appropriate statin doses at discharge.
- In analyzing the secondary endpoint, 76% of patients in the PCI group and 59% of patients in the CABG group received appropriate statin doses post-procedure.
- An incidental finding of this review revealed that 82% of PCI and CABG patients were discharged on the same statin that they were admitted with, regardless of the appropriateness.
- Physician education on high intensity statin selection and identifying areas of improvement in medication reconciliation processes at discharge may prove to optimize appropriate statin prescribing.
- Currently GMC uses order sets for patients undergoing PCI or CABG procedures. The data from this review will be presented to the respective cardiovascular groups for revision of these order sets to promote high intensity statin selection.

REFERENCES


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Gregory Smallwood, Pharm. D