of the 336 individuals receiving lipid lowering therapy (LLT), Total Cholesterol (TC) was defined as statin or combination therapy likely to produce such treatment 90 days after discharge. According to previous studies, I-LLT was initiated during admission in 2068 patients (67.6%); atorvastatin 40-80 mg in 1524 (73.7%), rosuvastatin 20-40 mg in 511 (24.7%) and simvastatin 80 or combination of simvastatin and ezetimibe in the remaining 33 cases (1.6%). Independent predictors of I-LLT included statin therapy before admission, history of hyperlipidemia or prior ACS, and in-hospital persistence of coronary intervention. Overall persistence of I-LLT 90 days after discharge was 76.1%, with 493 patients completely discontinuing such treatment or switching to lower non-intensive statin dosage. In the 90-day persistence was significantly lower for atorvastatin 40-80 mg (73.6%), than for rosuvastatin 20-40 mg (82.2% - relative risk reduction of 0.32; 95% confidence interval 0.17-0.45, p < 0.001).

In the first coronary registry irrespective of rSS tertiles greater than two thirds of eligible ACS patients were on I-LLT during hospitalization. Besides, more than 75% of all ACS patients receiving I-LLT during admission were still on such treatment 90 days after discharge. Finally, I-LLT with rosuvastatin 20-40 mg was associated with a higher likelihood of persistent 90 days after discharge.

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Management of lipids and blood pressure for primary prevention of cardiovascular disease in the UK: results from the EURIKA study
K. Moschonas1, E. Godfrey1, I. Johns1, N. Osei-Gyem1, G. Kassianos1, J.P. Halatsis1, 1Cardiff University, School of Medicine, Inst. of Molecular and Experimental Medicine, Cardiff, 2University Hospital of Wales, Cardiff, 3General Practitioner, Bracknell, Berkshire, United Kingdom

Purpose: To evaluate the management of dyslipidaemia and hypertension in primary care in relation to current guidelines in the UK.

Methods: This is a sub-analysis of UK patient data from a European cross section study. 69 randomly selected General Practitioners participated: 46% of them worked in an urban, 28% in a suburban and 26% in a rural primary care environment. The sub-study included 673 participants aged ≥50 years without cardiovascular disease (CVD), with at least one major cardiovascular risk factor: dyslipidaemia, hypertension, smoking, diabetes mellitus and obesity. 51% were women. Blood pressure, the use of antihypertensive and lipid lowering agents and a fasting full lipid profile were recorded. The 10-year JBS CVD risk was calculated and treatment goals evaluated according to current official guidelines for the UK.

Results: Of those at high CVD risk without established CVD statins substantially reduce the incidence CV morbidities, but do not significantly prolong survival.

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Initial prescription and persistence of intensive lipid-lowering therapy after acute coronary syndromes: insights from the NET-SCA prospective registry
F. Colivicchi1, G. Ansalone2, M. Taboro1, M. Ugucioni1, A. Aiello1, M. Santini1 on behalf of NET-SCA investigators. 1San Filippo Neri Hospital, Department of Cardiology, Rome, Italy; 2Figgie di S Camillo, Vannini Hospital, Department of Cardiology, Rome, Italy; 3CTO Hospital, Rome, Italy

Intensive Lipid-Lowering Therapy (I-LLT) is recommended in patients admitted for Acute Coronary Syndromes (ACS). However, available studies suggest that only 87% of I-LLT was received by 90 days after discharge. We aimed to assess the use of I-LLT in patients admitted for ACS along with the persistence of such treatment 90 days after discharge. According to previous studies, I-LLT was initiated during admission in 2068 patients (67.6%); atorvastatin 40-80 mg in 1524 (73.7%), rosuvastatin 20-40 mg in 511 (24.7%) and simvastatin 80 or combination of simvastatin and ezetimibe in the remaining 33 cases (1.6%). Independent predictors of I-LLT included statin therapy before admission, history of hyperlipidemia or prior ACS, and in-hospital persistence of coronary intervention. Overall persistence of I-LLT 90 days after discharge was 76.1%, with 493 patients completely discontinuing such treatment or switching to lower non-intensive statin dosage. In the 90-day persistence was significantly lower for atorvastatin 40-80 mg (73.6%), than for rosuvastatin 20-40 mg (82.2% - relative risk reduction of 0.32; 95% confidence interval 0.17-0.45, p < 0.001).

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