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## **MAINTENANCE THERAPIES OFFER LASTING HEART HEALTH BENEFITS**

*Use of Statins and Beta-Blockers Improve Long-Term Outcomes and Survival*

**ATLANTA, GA (March 14, 2006)** — With an increasing proportion of the American public taking therapies like statins and beta-blockers to manage heart-related risks, physicians are evaluating the potential long-term effects of these medicines on overall health. In research presented today during the American College of Cardiology's 55<sup>th</sup> Annual Scientific Session, the value of these medicines may be even more significant than previously thought on long-term survival rates. ACC.06 is the premier cardiovascular medical meeting, bringing together over 30,000 cardiologists to further breakthroughs in cardiovascular medicine.

### Benefit of Early Statin Therapy During Acute Coronary Syndromes: A Meta-Analysis (821-5)

Statins have gained increasing support in their ability to reduce cholesterol, which is strongly associated with cardiac health. Researchers have begun evaluating the value of initiating statin treatment early during acute coronary syndromes (ACS), but research has not yet confirmed an improvement in individual outcomes. ACS encompasses a variety of conditions that involve chest discomfort and are associated with a lack of oxygen to the heart. Through this meta-analysis, researchers from the Cleveland Clinic Foundation in Ohio found that aggressive therapy with statin drugs early in ACS results in a significant survival benefit.

To complete the analysis, the team evaluated eight independent studies, including a total of 15,995 randomized patients who received statin therapy early in an event (8,037 on aggressive

— more —

therapy, 7,958 on conservative therapy). Overall, the incidence of all-cause mortality was statistically significantly reduced in the aggressively treated group as compared to patients on conservative treatment (3.1 percent versus 4.0 percent). The incidence of a recurrent heart attack was not reduced, although stroke was marginally reduced, at 0.91 percent vs. 1.2 percent, respectively. In addition, the researchers confirmed a significant reduction in the incidence of unstable angina and revascularization in aggressively treated patients.

"Early detection and treatment are becoming paramount for many conditions, and cardiac events definitely fit this model," said Anthony Bavry, M.D., MPH, of the Cleveland Clinic Foundation and lead author of the study. "We hope further trials will confirm the value of early statin treatment in reducing the severity and morbidity of these events."

#### Withdrawal Effect After 4-Year Statin Therapy on C-Reactive Protein Is Independent of LDL-Cholesterol Change (1003-185)

Research has shown that in patients at high risk for cardiac events, withdrawal from cholesterol-lowering statin therapy is extremely dangerous and can lead to an increased risk of death, due to a rapid increase in LDL cholesterol levels. However, statins are also effective in lowering C-reactive protein (CRP) levels, and the effects of therapy withdrawal on this factor have not been evaluated. A team of researchers from the University Medical Center Groningen, Groningen, the Netherlands recently found that, in fact, statin withdrawal leads to a rapid and significant increase in CRP, independently of the parallel LDL increase. CRP indicates systemic inflammation, and significant increases in these levels can cause severe cardiovascular complications.

A total of 566 patients who received pravastatin therapy were evaluated in the study, during which investigators measured CRP levels at baseline, after four years of randomized treatment, and three months after discontinuing the therapy. While CRP levels prior to therapy averaged about 1.3 mg/L for both groups, patients treated with pravastatin had a 12 percent decrease in CRP after four years of therapy, compared to a 9 percent increase in placebo-treated patients. Importantly, withdrawal of pravastatin led to a significant and rapid increase in both CRP and LDL, approximately matching pre-treatment levels. Researchers found that after controlling for all other major factors, the relative change in the CRP levels was not correlated to the changes in LDL based on statin treatment status.

"Aside from managing cholesterol, the benefit of statins on CRP maintenance is extremely important, and this study emphasizes the importance of adherence to statin therapy because non-compliance may lead to worsening of outcome" said Folkert Asselbergs, MD, Ph.D, of the University Medical Center Groningen and co-author of the study. "Cardiologists will need to more closely consider the impact of this therapy on CRP to effectively manage their patients' risks."

Carvedilol Use at Discharge in Patients Hospitalized for Heart Failure is Associated with Markedly Improved Survival [809-8]

Beta-blockers are now recognized as essential, life-prolonging therapy for patients with chronic heart failure, but their use has been avoided in patients hospitalized with heart failure. A prior study suggested that initiating  $\beta$ -blocker therapy prior to discharge in these patients was safe, but the impact on patient survival has not been studied. In this report from the OPTIMIZE-HF program, researchers examined the early survival benefit associated with carvedilol therapy in this setting. OPTIMIZE-HF is a registry and performance improvement program for patients with heart failure, and collects data from participating hospitals across the country.

The team collected data from 2,720 heart failure patients who were discharged with left ventricular systolic dysfunction (LVSD), eligible for  $\beta$ -blocker therapy and followed for the first 60 to 90 days post-discharge. Of those patients, 1,146 were prescribed carvedilol at discharge, with 94 percent remaining on therapy at the time of follow-up. In eligible patients who were not discharged with a prescription, only 30.4 percent were later prescribed any  $\beta$ -blocker. The risk of death in patients receiving carvedilol at discharge was less than half of that of the non-treated patients (OR=0.46), and the group was a third less likely to need rehospitalization (OR=0.71).

"We are extremely pleased to report that use of this important therapy at hospital discharge leads to improved outpatient treatment rates and markedly better early survival for the many heart failure patients struggling after hospitalization episodes," said Gregg C. Fonarow, M.D., F.A.C.C., of the University of California, Los Angeles, and lead author of the study. "Discharge use of carvedilol, or one of the other guideline recommended  $\beta$ -blockers, should be adopted as the standard of care among all hospitalized patients with HF and LVSD, unless absolutely contraindicated."

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The American College of Cardiology ([www.acc.org](http://www.acc.org)) represents the majority of board certified cardiovascular physicians in the United States. Its mission is to advocate for quality cardiovascular care through education, research, promotion, development and application of standards and guidelines- and to influence health care policy. ACC.06 and the ACC inaugural i2 Summit, the first-ever meeting for interventional cardiologists, will bring together more than 30,000 cardiologists and cardiovascular specialists to share the newest discoveries in treatment and prevention, while helping the ACC achieve its mission to address and improve issues in cardiovascular medicine.