

VASCULAR DISEASE

Beneficial statins underused in PAD

Statin use was associated with an ~18% reduction in the risk of adverse limb outcomes (worsening claudication, critical limb ischaemia, and amputation) in patients with peripheral artery disease (PAD) enrolled in the international REACH registry. The risk of future amputations alone was reduced by 40%. However, only 62.2% of patients with PAD were receiving statins, a rate that is suboptimal. “Given the high morbidity and mortality associated with limb procedures and amputations,” write the investigators in their *European Heart Journal* report, “our findings are ... of public health importance.”

Kumbhani and colleagues analysed data from 5,861 patients with PAD, 48.6% of whom also had coronary artery disease; 22.4% had cerebrovascular disease, and 12.3% had atherosclerosis in all three territories. The incidence of adverse limb events over the 4-year follow-up period was 23.6%. The rate of these events was lower in patients who received statins than in those who did not receive statins

(22.0% vs 26.2%; HR 0.82, 95% CI 0.72–0.92, $P=0.0013$). In addition, the rates of all three individual components of the primary composite end point were reduced in patients receiving statins. The investigators also report that statin use was associated with a reduction in the rate of the systemic composite end point (cardiovascular death and nonfatal myocardial infarction or stroke).

Interestingly, patients were more likely to receive statins if they were being treated by a cardiologist than by a vascular surgeon. The investigators call for further research “to explore reasons for differences in secondary prevention medication use based on physician subspecialty” and conclude that identifying barriers to physician and patient compliance with statin use is imperative.

Alexandra Roberts

Original article Kumbhani, D. J. *et al.* Statin therapy and long-term adverse limb outcomes in patients with peripheral artery disease: insights from the REACH registry. *Eur. Heart J.* doi:10.1093/eurheartj/ehu080