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Abstract 13953: Continuation of Moderate or High Dose Statin Therapy After Dialysis Transition and Hospitalization Incidence in US Veterans

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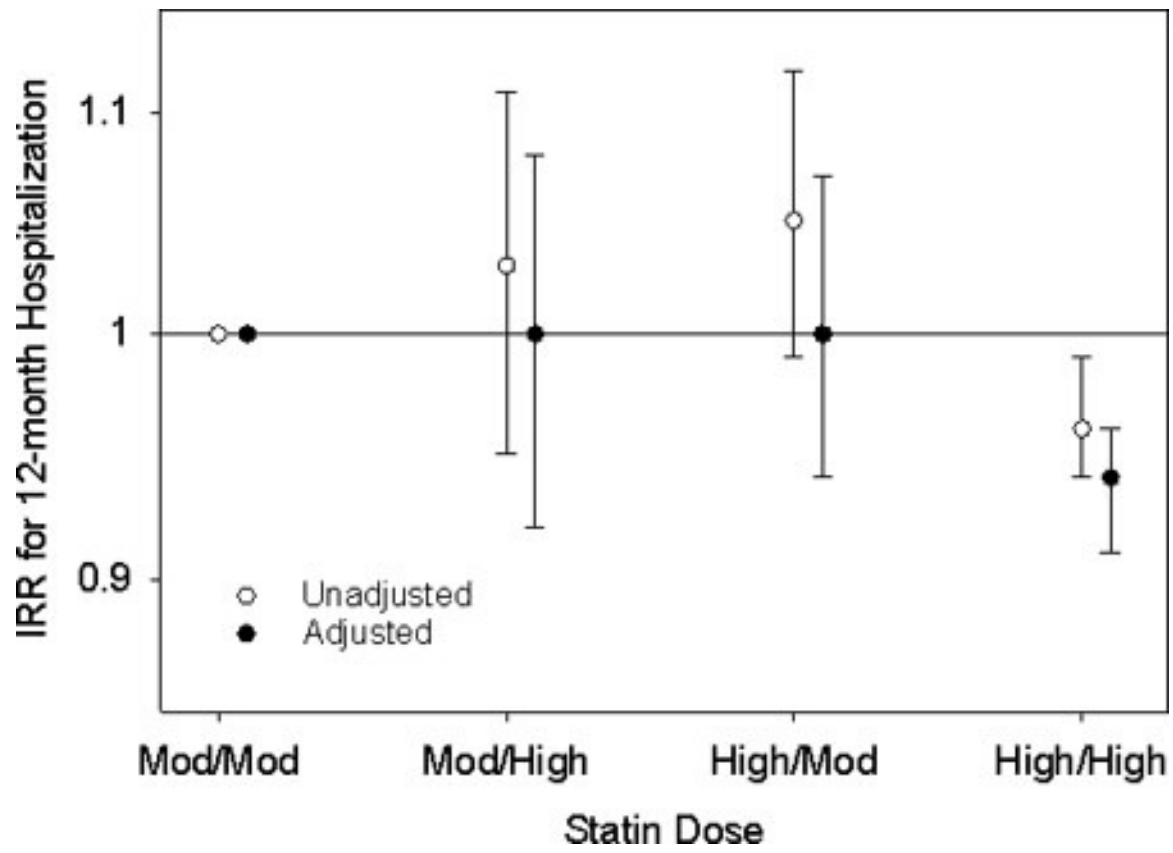
Abstract

Introduction: Guidelines recommend moderate dose statin therapy in chronic kidney disease and its continuation in end-stage renal disease patients. Yet, the association between the continuation of statin dose intensity and hospitalization rate in the year after transitioning to dialysis is unknown.

Methods: In US veterans who had statin therapy for at least 183 days in the year pre-transition, we identified 21,790 patients whose first prescription post-transition resulted in a switch from moderate to high dose or vice versa, or continued the respective dose. The association of statin dose intensity continuation or switch and hospitalization rate in the year post-transition were evaluated with Poisson models adjusted for demographics and comorbidities.

Results: Cohort mean age was 70+/-10 years, and included 4% females, 22% African-Americans, and 81% diabetics. Of 14,992 patients who were on moderate dose statin prior to transition, 3% switched to a higher dose post-transition. Those who up-titrated dose were more likely to be younger, African-American, and had a prior myocardial infarction. In 6,798 patients on a high dose statin prior to transition, 8% down-titrated to a moderate dose. Those who down-titrated were more likely to have cerebrovascular disease, liver disease, or cancer. Compared to patients continuing on moderate dose, those who continued on high dose statin had a 6% lower hospitalization rate, while no differences were observed for statin switchers and hospitalization rate.

Conclusions: In US veterans transitioning to dialysis, the majority continued on the statin dose prescribed pre-transition, which was mostly moderate dose statin. Few patients altered statin dose at transition. Patients continuing on higher dose had a lower hospitalization rate compared to those continuing on moderate dose statin. Trials should examine the optimal statin dose in preventing outcomes in dialysis patients and if statin dose should be changed after transition.



Statins; Kidney; Epidemiologic methods