OBJECTIVE

The objective was to study the predictors of discontinuation of statin therapy among post-MI patients enrolled in Part D benefits of Medicare.

METHODS

- This is a retrospective cohort study analyzing Medicare 5% national sample claims from 1st January 2006 to 31st December 2007.
- Identification of subjects: The study cohort included all patients with a diagnosis of acute myocardial infarction (AMI) who initiated statin therapy in 2006.
- Outcome measure: Time to discontinuation of therapy.
- Survival curves were modeled using the Kaplan-Meier technique, and potential predictors of therapy discontinuation were estimated using Cox proportional hazards regression.
- The objective was to study the predictors of discontinuation of statin therapy post-myocardial infarction.

RESULTS

- A hospitalization episode lasting at least 3 days and not more than 180 days with an ICD-9-CM of 410.1.x listed either as principal or secondary diagnosis before July 1, 2006.
- Participants enrolled in Medicare throughout the study period with prescription drug coverage (Medicare Part D).
- Excluding patients with ESRD, disabilities and those that died within 30 days of discharge.
- Patients that initiated statin therapy within 90 days of discharge.

CONCLUSION

- The extremely high rates of discontinuation of statin therapy within a year deserves attention. Patients need to be made aware of the high risks of a recurrent MI in the event of treatment discontinuation. Further, patients diagnosed with CHF are more likely to discontinue therapy. There are mixed views on the benefits of statins in the treatment of CHF, with research linking lower cholesterol levels with poor prognosis in CHF. Thus, this subject deserves further exploration.

POLICY IMPLICATIONS

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