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Impact of intensity of statin therapy on patients with acute myocardial infarction undergoing percutaneous coronary intervention

[Purpose] We sought to evaluate the impact of intensity of statin therapy on patients with acute myocardial infarction (AMI) undergoing percutaneous coronary intervention (PCI) in South Korea.

[Methods] From national health insurance (NHI) claims data in South Korea, patients aged 18 years or older without known history of coronary artery disease, who underwent PCI as a diagnosis of AMI between 2009 and 2013, were enrolled. According to the intensity of statin therapy, patients were categorized: low-intensity (n=256), moderate-intensity (n=17,572), or high-intensity statin therapy (n=4,002). Clinical outcomes were compared in two groups: group 1 (low- and moderate-intensity stain therapy) versus group 2 (high-intensity statin therapy).

[Results] The average age of study participants was 62.1 years and 16,331 (74.8 %) were men. Diabetes mellitus, hyperlipidemia, and hypertension were observed in 6,440 (29.5%), 4,504 (20.6%), and 8,823 (40.4%) patients, respectively. During the follow-up period (median, 2.4 years; interquartile range, 1.5-3.5), there was no significant difference in the incidence of all-cause death between both groups (adjusted hazard ratio [aHR] of group 2, 0.899; 95% confidence interval [CI]: 0.722-1.119; p=0.341). In addition, the incidence rates of recurrent revascularization (aHR, 0.970; 95% CI: 0.869-1.082; p=0.586), coronary artery disease related hospitalization (aHR, 1.012; 95% CI: 0.964-1.063; p=0.621), and congestive heart failure related hospitalization (aHR, 1.019; 95% CI: 0.906-1.145; p=0.758) did not differ between two groups.

[Conclusion] High-intensity statin therapy did not provide incremental benefits on the clinical outcomes in South Korean patients with AMI undergoing PCI.