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Clinical impact of statin therapy on vasospastic angina: data from Korea national wide cohort study

PurposeThe effect of statin therapy in reducing adverse cardiovascular events in vasospastic angina (VSA) has been inconsistent in previous studies. Therefore, we investigated the association between statin therapy and adverse cardiovascular events in a large-prospective VSA cohort.MethodVA-Korea registry consecutively enrolled 2960 patients with chest pain suspicious of VSA who received coronary angiography and ergonovine provocation test from 11 tertiary hospitals in Korea. In this study, we included 1808 patients with positive ergonovine provocation test. We divided patients into statin group (n=839) and non-statin group (n=969) according to medication prescribed at discharge. The primary endpoint was the composite of cardiac death, acute coronary syndrome, and new-onset symptomatic arrhythmia during 3-year follow-up period.ResultsThe primary endpoint occurred in 46 patients (5.5%) in statin group and 39 patients (4.0%) in non-statin group. In the Kaplan-Meier analysis, there was no significant difference in the primary endpoint between both groups during 3-year follow-up (log rank P=0.388). Multivariate Cox hazard analysis also showed that there was no significant association between statin therapy and primary outcome [HR; 1.63, 95% CI; 0.85-3.11, P=0.139]. Furthermore, lack of benefit of statin therapy for primary outcome was consistently observed across the underlying plaque burden, statin intensity and spasm characteristics in subgroup analysis.ConclusionsThe present study demonstrated that statin therapy did not reduce adverse cardiovascular events in patients with VSA.