Letter to the Editor

Statin Therapy in Patients With Heart Failure and Preserved Left Ventricular Function

To the Editor:

I read with great interest the review by Yamamoto et al about “heart failure with preserved ejection fraction—what is known and unknown”¹. However, some evidence about pharmacological therapy in this group is not included in this article. An increasing number of patients with heart failure are diagnosed with preserved left ventricular ejection fraction (PLVEF). The prevalence of PLVEF is influenced by demographic shifts and evolution in treatment of cardiovascular diseases and comorbidities, such as diabetes mellitus, chronic renal failure and atrial fibrillation. A recently published study has revealed the prevalence of PLVEF increased over the last 15 years and the rate of death from this disorder remained unchanged². Bhatia et al showed that mortality among patients with heart failure and PLVEF might be even higher than previously reported and was similar to patients with reduced ejection fraction³. There is no evidence that patients with heart failure and PLVEF benefit from any specific drug regimen. All the randomized studies conducted in these groups of patients showed only a significant reduction in heart failure or cardiovascular hospitalizations with no influence in mortality^{4–6}. Statin therapy with proven efficacy in patients with coronary artery disease has been implemented in patients with heart failure and reduced ejection fraction. In the CORONA study, a total of 5,011 patients with moderate to severe heart failure were randomly assigned to receive 10mg of rosuvastatin or placebo per day⁷. Despite having favorable effects on lipids and C-reactive protein, rosuvastatin did not reduce mortality from any cause, although the drug did reduce the cardiovascular hospitalizations. But this large randomized study did not investigate patients with heart failure and PLVEF. To my knowledge there are only 2 non-randomized studies of statin treatment in patients with heart failure and PLVEF. The studies conducted by Fukuta et al⁸ and Roik et al⁹ showed survival improvement in patients with heart failure and PLVEF treated with statins. Our study showed

beneficial effects not only on mortality but also in reduction of rehospitalization rate among patients with heart failure and PLVEF⁹. These data suggest a potential role for statins as a new therapeutic option in patients with heart failure and PLVEF. We believe that statin therapy will improve the prognosis in patients with heart failure and PLVEF, but these observations need to be confirmed in large randomized trials.

References

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