elderly (>/= 75 years of age) were consistently less likely to receive statins on discharge. Conclusions: Statin use was low irrespective of CAD status and total cholesterol levels in older patients with heart failure. These results emphasize the importance of continued efforts to improve secondary prevention in older patients with HF and ischemic heart disease.

Trends in Statin Use in Older HF Survivors

	1998-9 N =28,854 %	2000-1 N =27,025 %
Overall Use	11.9	21.8
Age >/= 75 years	8.5	17.5
Prior PTCA or CABG	23.7	38.4
Total cholesterol >/= 200 mg/dL	22.6	33.5

1008-189 Atorvastatin Therapy Reduces Markers of Myocardial Damage After Percutaneous Coronary Interventions? Preliminary Data From a Randomized Study

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Background. Peri-procedural myocardial damage after percutaneous coronary intervention has been associated with higher risk of adverse events during the follow-up. Observational studies have suggested that patients (pts) pre-treated with statins have a lower risk of peri-procedural myocardial damage after percutaneous revascularization. Aim of our study was to confirm this hypothesis in a randomized pilot study (120 pts planned).
Methods. We present results from the first 53 enrolled pts (62±4 yrs, diabetics 23%), all with stable angina. Pts, waiting for elective percutaneous coronary intervention, have been randomized to atorvastatin (40 mg/day, N=26, Group A) or placebo (N=27, Group B) from 7 days before the procedure. Myoglobin, Troponin I and CK-MB isoenzyme levels were measured before the procedure, after 6 and 24 hours.
Results. All pts received coronary stent implantation with 100% of procedural success; 1.4 stents/pt were implanted. An increase above the threshold value in CK-MB values was observed in 17% of pts of Group B and in 8 % of those of Group A (P=0.13), in Troponin I levels respectively in 56% and 34% (P=0.10) and in Myoglobin values in 44% and 23% (P=0.09). The post-procedural increase in Troponin I levels from baseline was 0.37±0.4 ng/ml in pts of Group B vs 0.14±0.3 ng/ml in those of Group A (P=0.05).
Conclusions. Preliminary data from this randomized study suggest that pre-treatment with high doses of atorvastatin may reduce the occurrence of peri-procedural myocardial damage after percutaneous coronary intervention with stenting. Complete data from this study should be available at the moment of presentation.

1008-190 Amlodipine/Atorvastatin Single Pill Dual Therapy Improves Goal Attainment in the Treatment of Concomitant Hypertension and Dyslipidemia: The Gemini Study

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Background: Hypertension (HTN) and dyslipidemia (DYS) are prevalent and up to 50% of patients with one have the other. Having both HTN and DYS results in a high risk of cardiovascular disease (CVD). Furthermore, hypertensive and dyslipidemic goal attainment is poor, with less than 10% of patients achieving both goals. The management of these patients should therefore focus on achieving goals for both blood pressure and low-density lipoprotein cholesterol (LDL-C) to diminish CVD risk.
Methods: Gemini is a 14-week, open-label, non-comparative, multicenter trial designed to evaluate the efficacy and safety of atorvastatin/amlodipine single pill as initial or add-on (integrated) therapy in the treatment of concomitant HTN and DYS. All patients had concomitant HTN and DYS and qualified for drug therapy. In addition to lifestyle modification, eight dosage strengths of amlodipine/atorvastatin single pill (5/10 mg, 10/10 mg, 5/20 mg, 10/20 mg, 5/40 mg, 10/40 mg, 5/80 mg, and 10/80 mg) were titrated to improve blood pressure and lipid control. The primary efficacy assessment was the percentage of patients attaining both their blood pressure (Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure VI) and LDL-C (National Cholesterol Education Program Adult Treatment Panel III) goals at endpoint.
Results: A total of 1220 patients received study medication. At baseline, mean (± SD) systolic/diastolic blood pressure was 146.6 ± 11.0/87.9 ± 8.6 mmHg and mean LDL-C concentration was 152.7 ± 33.2 mg/dL. At endpoint, 57.7% of patients reached both their blood pressure and LDL-C therapeutic goals. Fifty-eight patients (4.8%) discontinued due to adverse events (AEs). The most common AEs were respiratory tract infection (11.9%), peripheral edema (8.8%), headache (5.4%), and myalgia (4.2%).
Conclusion: These data demonstrate that atorvastatin/amlodipine single pill is an effective and well-tolerated treatment for coexisting HTN and DYS, which helps patients better achieve their goals for both conditions than reported historically. Atorvastatin/amlodipine single pill should improve management of total CVD risk in patients with concomitant HTN and DYS.

1008-191 Statin Therapy Is Associated With a 67 Percent Reduction in Mortality in Patients With Severe Chronic Heart Failure: Results From the Placebo Arm of the ENABLE Study

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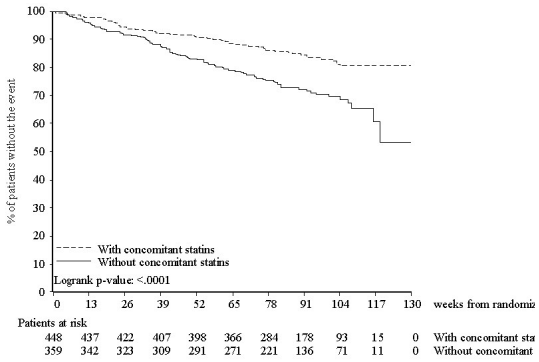
Recent small studies have demonstrated that statins therapy is correlated with improved outcome in patients with chronic heart failure.
Methods: We examined the effect of statin therapy on the outcome of 1,000 patients with chronic CHF NYHA IIIb or IV and echocardiographic ejection fraction < 35% enrolled in the placebo arm of the ENABLE study. Statin therapy allocation was not randomized and decided by each investigator, Statin therapy included simvastatin, atrovastatin, pravastatin, lovastatin, cerivastatin and fluvastatin in different doses.
Results: Statin treatment was related to a 67% reduction in the risk of all cause mortality (p<0.0001, Figure) but was not correlated with re-admissions due to heart failure. In the present cohort statin treatment was the strongest predictor of outcome and remained an independnt predictor in multivariate analysis.
Conclusions: Although retrospective, the results of the present study demonstrate a strong correlation between all cause mortality and statin treatment in patients with heart failure. This ovservation requires verification by a large prospective randomized study.



*Simvastatin, Atorvastatin, Pravastatin, Cerivastatin, Fluvastatin, Lovastatin.

1008-192 Atorvastatin Affects Thrombosis/Fibrinolysis System During the Acute Phase of Unstable Angina

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Background: Evidence suggest that lipid-lowering treatment with statins reduces mortality and morbitity in patients with coronary artery disease. The effects of lipid-lowering treatment during the early phase of the acute coronary syndromes are unknown. In this study we investigated the effect of atorvastatin treatment on plasma levels of tissue plasminogen activator (tPA), von Willebrand factor (vWF) and factors V (fV) and VII (fVII), in patients with unstable angina.
Methods: Forty-six patients (34 males 12 females, aged 64+/-8 years old) with unstable ungina, were randomly divided into 2 groups and received atorvastatin 10 mg/day (n=23, ATR group) or no statin treatment (n=23, ATR group) for 6 weeks during and after admission. Plasma levels of tPA, vWF, fV and fVII were measured at baseline, at 1 week and at 6 weeks after the admission. Levels of the above thrombotic markers were determined by ELISA. All values are expressed as means+/-SEM.
Results: At baseline, levels of tPA, vWF, fV and fVII were not significantly different between ATR (10.03±0.78 ng/ml, 107±6.5%, 125±7.8% and 92±4.4%) and the control group (10.8±1.0 ng/ml, 109.3±9.2%, 126±8.1% and 90.7±6.7%, p=NS for all). After 1 week, serum levels of tPA, vWF, fV and fVII were significantly increased in control group (13.3±1.3 ng/ml p<0.01, 127±8.5% p<0.05, 152±7.4% p<0.001 and 104±8.6% p<0.05 respectively, compared to baseline). This increase was prevented in ATR group (12.7±1.8ng/ml, 125±9.7%, 134±5.8% and 109±7.7% respectively, p=NS compared to baseline). However, at 6 weeks, plasma levels of tPA, vWF, fV and fVII returned to their baseline values in both ATR group (11.2±0.9ng/ml, 91.6±8.9%, 125.3±7.8% and 94.8±6.7% respectively, p=NS for all compared to baseline) and control group (11.4±0.95ng/ml, 98.8±10.6%, 118±6.9% and 114±31%, p=NS for all compared to baseline).
Conclusions: During the first week of treatment, atorvastatin decreases the levels of factors V, VII, von Willebrand factor and tissue plasminogen activator in patients with unstable angina. These findings suggest that early administration of atorvastatin in patients with unstable ungina, may be beneficial by affecting the thrombotic/fibrinolytic process.