



Interventional Cardiology

LONG-TERM RENAL FUNCTION WORSENS IN HIGH CARDIOVASCULAR RISK PATIENTS WITH HIGH TRIGLYCERIDES AND WELL-CONTROLLED LOW-DENSITY LIPOPROTEIN CHOLESTEROL IN A REAL-WORLD ANALYSIS

Poster Contributions
Poster Hall, Hall A/B
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Background: Low estimated glomerular filtration rate (eGFR) is associated with dyslipidemia and other CV risk factors and is an independent predictor of CV mortality. We analyzed real-world renal function data in high CV risk statin-treated patients with elevated triglycerides (TG).

Methods: Retrospective administrative claims study (Optum Research Database) of patients ≥ 45 years with diabetes and/or ASCVD without end-stage renal disease, hemodialysis or peritoneal dialysis with a statin prescription filled in 2010. A high-TG cohort (TG ≥ 150 mg/dL) and propensity-matched comparator cohort (TG < 150 mg/dL, HDL-C > 40 mg/dL) were assessed and followed for ≥ 6 months (or less due to death) to March 2016.

Results: In the high-TG cohort vs the comparator cohort (both $n=23,181$), mean (SD) baseline eGFR was 90.1 (20.2) vs 90.7 (18.9) mL/min/1.73 m² and mean (SD) follow-up was 41.4 (23.7) vs 42.5 (23.9) months. During >5 years of follow-up, the % of patients with eGFR < 60 increased in both cohorts but was higher in the high-TG cohort at each time point; conversely, the % of patients with eGFR ≥ 90 decreased in both cohorts but was lower in the high-TG cohort at each time point (Figure). Differences between cohorts were not significant for the % of patients in each eGFR category but widened over time.

Conclusion: This real-world analysis of statin-treated patients with high CV risk suggests a trend toward greater worsening of renal function in patients with high TG vs patients without high TG over time.

Renal Function Over Time in Patients With and Without High TG Levels

