



## Statin Therapy Cuts Irregular Heartbeat

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A study by French researchers suggests that cholesterol lowering statin drugs that are prescribed to heart patients might also be effective in reducing the risk of atrial fibrillation. Findings of the study have been published in the February 26 issue of the *Journal of the American College of Cardiology*, a special issue focusing on atrial fibrillation.

Atrial fibrillation irregular heartbeat in general terms is a condition in which the upper two chambers of the heart quiver instead of beating in a coordinated manner. This can cause pooling of blood in the chambers and lead to clots that can travel to the brain to cause a stroke. Increasing age is considered to be a risk factor for atrial fibrillation. According to estimates, more than 5% of all Americans over the age of 70 suffer from irregular heartbeats. A study in 2006 suggested that this number could be more than 5 million.

For the new study, a team of researchers led by Dr. Laurent Fauchier, professor of cardiology at the Centre Hospitalier Universitaire Trousseau in Tours analysed data collected from six controlled studies covering more than 3500 participants. All study participants had either experienced atrial fibrillation in the past or were described as high risk following a heart attack or bypass surgery.

The researchers found that study participants who had been put on statin therapy had a decreased risk of incidence or recurrence of atrial fibrillation. Overall, there was a 61% reduction in risk found in the development of atrial fibrillation among patients receiving statins compared to those who were not receiving the medications.

While their findings are positive, Dr. Fauchier expressed the belief that there is still time before statin therapy can be recommended as standard treatment for atrial fibrillation. I think it is too early to use statins only for atrial fibrillation, he said.

Dr. Christopher Cannon, an associate professor of medicine at Harvard Medical School and a cardiolo-

gist at Brigham and Womens Hospital, Boston supported Dr. Fauchiers belief. According to Dr. Cannon, also a senior investigator in the TIMI (Thrombolysis in Myocardial Infarction) Group, which has done studies on statins and atrial fibrillation, studies that focus on larger number of patients for longer periods would be ideal for making such a recommendation.

The new analysis shows that statin therapy is very encouraging as a potential treatment for preventing atrial fibrillation, but larger studies are needed before it is used widely, he said. Dr. Cannon also noted that the largest study that was analysed by Dr. Fauchiers team did not find significant difference in the incidence of atrial fibrillation, but that was just for a short period of time, four months.

He believes that the mechanism by which statins might reduce atrial fibrillation probably has nothing to do with their ability to cut cholesterol. We believe that statins reduce inflammation, he said. That would be a mechanism to reduce incidence of atrial fibrillation, which could be related to inflammation around the heart.

In his opinion, the report by Dr. Fauchiers team acts as a reminder that cardiologists should understand the value of continuing statin therapy for patients who undergo bypass surgery on account of blocked coronary arteries. In bypass surgery, that can be overlooked because the doctor is focusing on short-term goals, Dr. Cannon said. This study suggests that it is reasonable to keep patients on statins during their hospital stay. It might have some benefits.