




# Statin-naive patients with acute coronary syndrome in Slavonski Brod

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During the research on the influence of plasma protein glycosylation on achieving LDL cholesterol target values<sup>1,2</sup>, we analyzed statin-naive patients with the first presentation of acute coronary syndrome. Between September 2022 and September 2023, a total of 61 statin-naive patients with acute coronary syndrome were hospitalized. Patients transferred from local hospitals and patients older than 75 years were excluded from the study. Out of 61 patients, 36 had STEMI (ST-segment elevation myocardial infarction) and 25 NSTEMI (Non-ST elevation myocardial infarction). More than 50% of patients were men (35), and the average age of all patients was 58.34 years. 40% of patients are smokers. 55% of patients had a BMI greater than 25 kg/m<sup>2</sup>. The average value of the initial high-sensitivity troponin was 2337 pg/ml. All patients underwent percutaneous coronary intervention (PCI), and the average number of implanted stents was 1.02. In the largest percentage (38%), the infarct related artery or culprit lesion was on right coronary artery. In patients with STEMI, 57% received a loading dose of prasugrel and the rest ticagrelor. In patients with NSTEMI, after coronary angiography, 83% of patients received prasugrel, the rest ticagrelor and clopidogrel. All patients were discharged with a recommendation to take atorvastatin at a dose of 80 mg per day. The average value of LDL (low-density lipoprotein) cholesterol during hospitalization was 3.97 mmol/L. At the first control, 2 months after PCI, the average value of LDL cholesterol was 2.26 mmol/L, and 4 patients (6%) achieved target values of 1.4 mmol/L. Ezetimibe was recommended to all patients who did not reach the target values. At the second control, 3 months after PCI, the average value of LDL cholesterol was 1.95 mmol/L, and the target values were achieved by 6 patients (9.8%). The plan is to recruit statin-naive patients with acute coronary syndrome until September 2024, and clinical and laboratory follow-up for 1 year after PCI.

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- LITERATURE**
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