



Management of Dyslipidemia After Liver Transplantation

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Introduction

- Cardiovascular disease (CVD) remains a major cause of long-term mortality in liver transplant recipients (LTR).
- Adequate control of CVD risk factors like hypertension, diabetes, and dyslipidemia is therefore essential in this population.
- There is robust data supporting aggressive use of statin therapy in patients with documented CVD or dyslipidemia in general population.
- There is currently no data regarding post-liver transplantation (LT) CVD management or adherence to societal guidelines for management of dyslipidemia.
- The current study evaluated the (1) pattern of statin use in the post LT period (2) impact of statin on mortality post-LT.

Methods

- Patients undergoing at liver transplantation at Virginia Commonwealth University from January 2007 to January 2017 (n=495) were reviewed.
- All LTR had a thorough evaluation for coronary artery disease(CAD) prior to listing.
- Patients were considered eligible to be prescribed a statin if they had documented CAD on angiography or dyslipidemia.
- The primary endpoint consisted of percentage of eligible LTR receiving statins. Secondary endpoints were adverse events from statin use and patient survival.
- Associated factors to statin use and mortality were assessed using a logistic regression and Cox proportional hazards models, respectively.

Results

Figure: Pattern of Statin Use

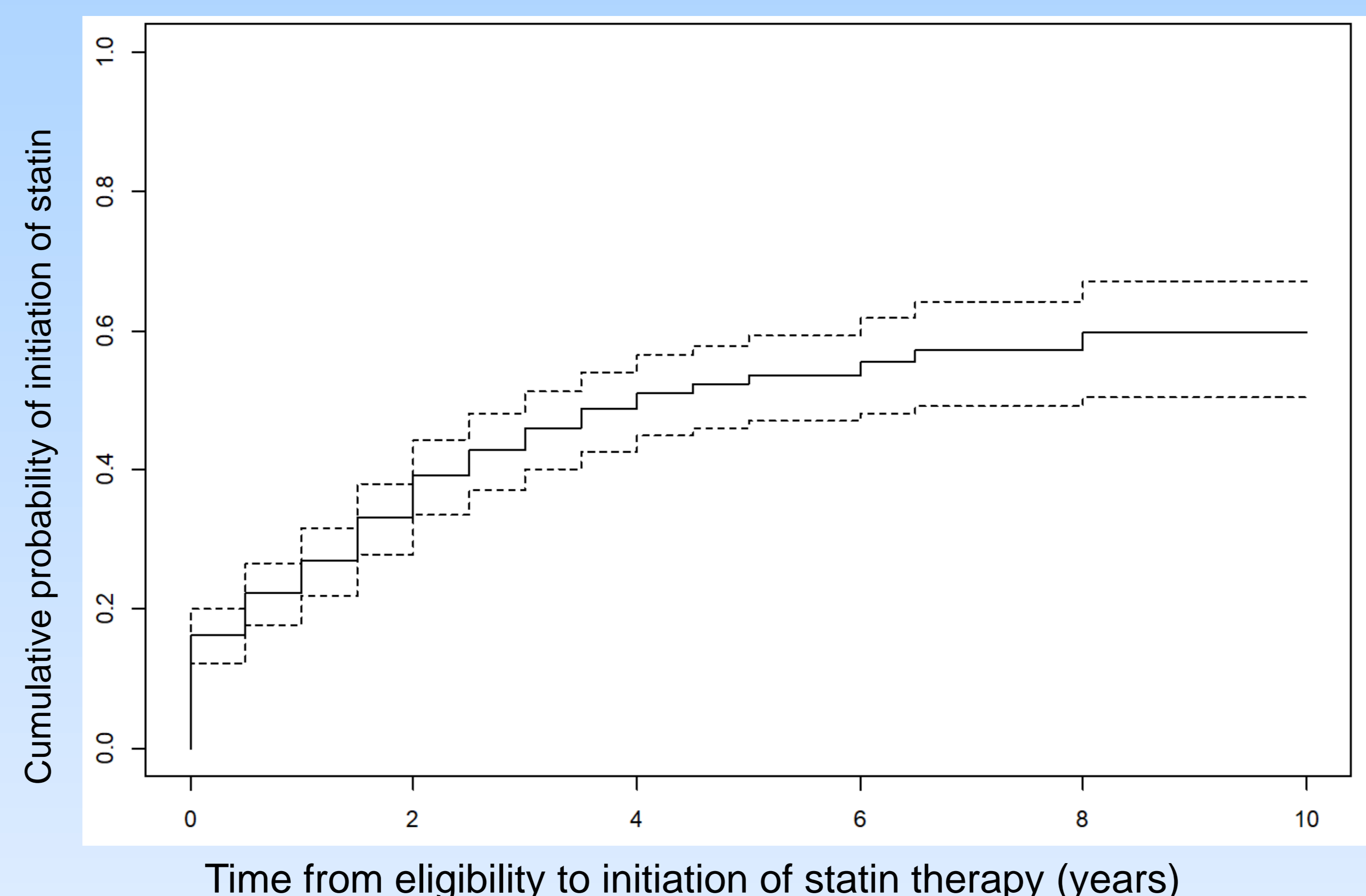


Figure: Statin Use was Associated with Survival Benefit

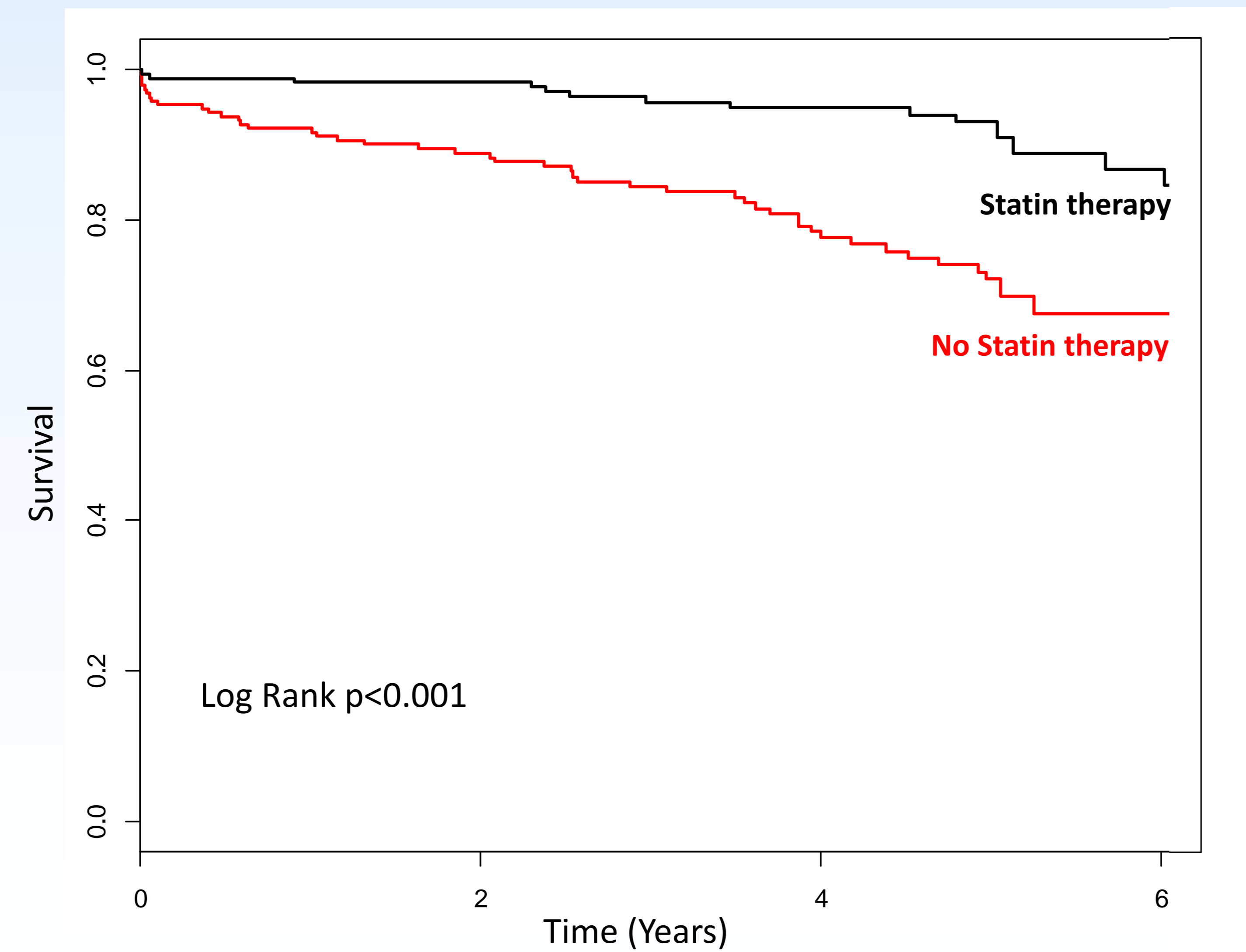
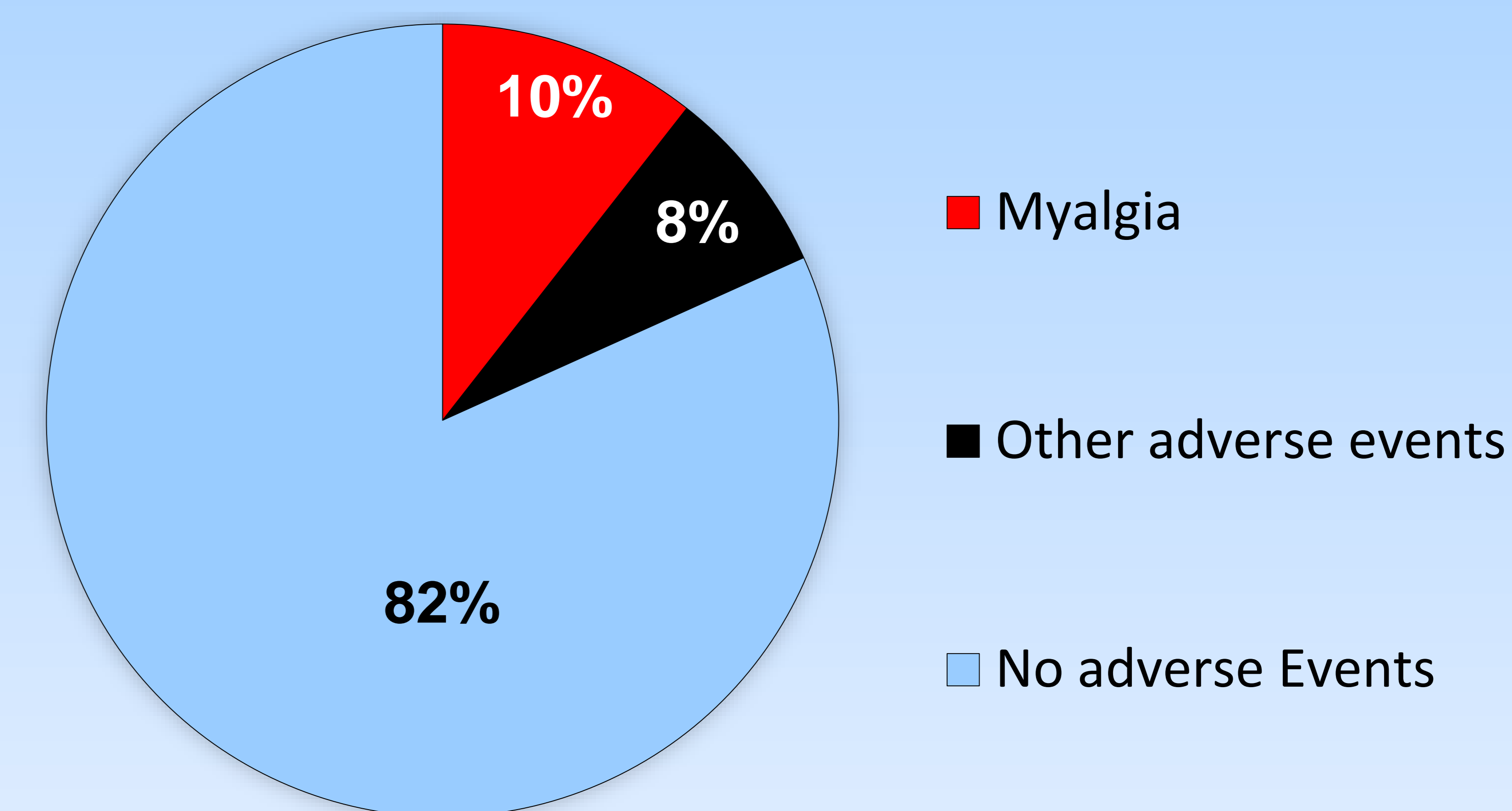


Figure: Adverse Events from Statin Use



Conclusions

- The statin therapy is underutilized in LTR.
- The use of statin therapy after LT did not cause significant elevations in liver enzymes. There was no increased in hepatic complications with statin use.
- There was survival benefit noted with statin use.

References

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