No need to avoid statins in hep C compensated cirrhosis

10 February 2016

(HealthDay)—Statin use is associated with decreased risk of cirrhosis decompensation and death in patients with hepatitis C virus (HCV)-related compensated cirrhosis, according to research published in the February issue of *Gastroenterology*.

Arpan Mohanty, M.B.B.S., of the VA Connecticut Healthcare System in West Haven, and colleagues used data from a retrospective cohort of 40,512 veterans (median age, 56 years) infected with HCV to examine the effects of statins on decompensation and survival times in patients with compensated cirrhosis.

The researchers identified 2,802 statin users and developed a propensity score model in which 685 statin users were matched with 2,062 nonusers. Compared with nonusers, statin users had a lower risk of decompensation (hazard ratio [HR], 0.55; 95 percent confidence interval [CI], 0.39 to 0.77) and death (HR, 0.56; 95 percent CI, 0.46 to 0.69). This association remained following adjustment for age, FIB-4 index score, serum level of albumin, model for end-stage liver disease and Child-Turcotte-Pugh scores.

"Based on data from the Veteran Affairs Clinical Case Registry, statin use among patients with HCV and compensated cirrhosis is associated with a more than 40 percent lower risk of cirrhosis decompensation and death," the authors write. "Although statins cannot yet be recommended widely for these patients, their use should not be avoided."

More information: Abstract
Full Text (subscription or payment may be required)