

No need to avoid statins in hep C compensated cirrhosis

10 February 2016



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](#)
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(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,

APA citation: No need to avoid statins in hep C compensated cirrhosis (2016, February 10) retrieved 3 August 2022 from <https://medicalxpress.com/news/2016-02-statins-hep-compensated-cirrhosis.html>

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