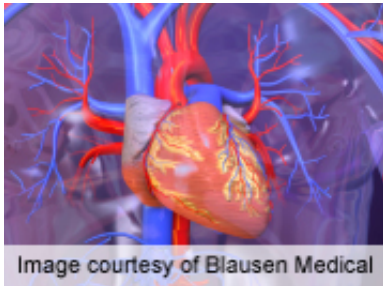


# Women have greater atheroma regression with statins

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regression than men among those with on-treatment LDL-C levels

(HealthDay)—For patients with coronary atheroma, high-intensity statin treatment is associated with greater regression in women than men, according to a study published online Sept. 17 in *JACC: Cardiovascular Imaging*.

Rishi Puri, M.B.B.S., from the Cleveland Clinic in Ohio, and colleagues examined sex-related differences in coronary atheroma regression after high-intensity statin [treatment](#). Participants (765 [men](#) and 274 women) were treated with rosuvastatin 40 mg or atorvastatin 80 mg for 24 months.

The researchers found that women were older and more likely to have hypertension; diabetes; and higher low-density lipoprotein cholesterol (LDL-C), high-density lipoprotein cholesterol (HDL-C), and C-reactive protein (CRP) levels than men. Compared with men, at follow-up [women](#) had higher HDL-C ( $P < 0.001$ ) and CRP ( $P < 0.001$ ) but similar LDL-C ( $P = 0.46$ ) levels. Women had lower baseline percent atheroma volume (PAV) and total atheroma volume (TAV) than men, but after treatment they demonstrated greater PAV regression ( $P = 0.03$ ) and TAV regression ( $P = 0.11$ ). Female sex was independently associated with PAV regression on multivariate analysis ( $P = 0.01$ ), and there was a sex-treatment interaction ( $P = 0.036$ ). Women achieved greater PAV and TAV

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