

High-intensity statins cut diabetic atherosclerosis

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"High-intensity statin therapy alters the progressive nature of diabetic coronary [atherosclerosis](#), yielding regression of disease in diabetic and nondiabetic patients," conclude the authors.

Several authors disclosed financial ties to pharmaceutical companies, including AstraZeneca, which funded the study.

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(HealthDay)—High-intensity statin therapy can alter the progressive nature of diabetic atherosclerosis, according to a study published online Sept. 4 in *Diabetes Care*.

Brian Stegman, M.D., from the Cleveland Clinic, and colleagues compared changes in biochemistry and coronary percent atheroma volume (PAV) in 159 patients with and 880 without diabetes. Coronary atheroma volume was measured using serial intravascular ultrasound in patients treated with rosuvastatin 40 mg or atorvastatin 80 mg for 24 months.

The researchers found that at baseline, patients with diabetes had lower LDL cholesterol (LDL-C) and HDL cholesterol (HDL-C) levels but higher triglyceride and C-reactive protein levels than patients without diabetes. Similar results were seen at follow-up. There was regression of coronary atheroma as measured by change in PAV for patients with and without diabetes (-0.83 ± 0.13 versus -1.15 ± 0.13 percent; $P = 0.08$). However, when on-treatment LDL-C levels were >70 mg/dL, PAV regression was less in patients with [diabetes](#) (-0.31 ± 0.23 versus -1.01 ± 0.21 percent; $P = 0.03$), but it was similar when LDL-C levels were <70 mg/dL (-1.09 ± 0.16 versus -1.24 ± 0.16 percent; $P = 0.5$).

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