

Stopping statins in the oldest old with dementia and severe dependency

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Objective: To study the association between stopping statins and mortality rates during the following year in the oldest old – many of whom with dementia and severely dependent. **Methods:** A historical prospective study. Included were all patients (n=369) aged 80 years old or more (mean age 87.8 years) hospitalized in a single acute geriatrics department during one year. The study group included 140 patients in whom statins were stopped upon admission due to lack of indication, polypharmacy, malnutrition, etc. The control group included 229 patients who did not use statins in the first place. All-cause 1-year mortality rates were studied. **Results:** Compared with the control group, patients in the study group were younger (87.1 vs. 88.2 years, $p=0.044$), had higher prevalence of ischemic heart disease (46.4 vs. 18.8%, $p<0.001$), lower prevalence of pressure ulcers (0.7 vs. 4.8%, $p=0.035$), less nursing-home residency rates (5.7 vs. 19.7%, $p<0.001$), and lower incidence of hypoalbuminemia (36.0 vs. 57.8, $p<0.001$). Both groups had high but comparable prevalence of dementia (42.1 vs. 51.5%, $p=0.05$) and severe dependency (52.1 vs. 60.7%, $p=0.05$). Still, there were no differences between the groups in terms of 1-year mortality rates in the crude analysis (31.4 vs. 27.1%, HR 0.87, $p=0.438$) as well as following propensity score matching (27.7 vs. 25.9%, HR 0.89, $p=0.680$). **Conclusions:** Stopping statins in the oldest old, many of whom with dementia and severely dependent, is safe.