MACE was defined as the occurrence of all-cause death, myocardial infarction, stroke, or follow-up revascularization. Revascularization was defined as a PCI or CABG occurring ≥60 days post-ASCVD event, aortic repair, carotid endarterectomy or stent, and peripheral stent or bypass.

Multivariable Cox proportional hazards regression analysis was used to determine the association of a statin prescription at discharge to MACE (mean follow-up: 6.44 ± 7.0 years).

A total of 62,070 patients met study criteria, with 43,046 (69.4%) being diagnosed with CAD, 11,541 (18.6%) with CVD, and 7,483 (12.0%) with PAD.

**RESULTS**

Baseline characteristics are shown in the Table stratified by ASCVD diagnosis.

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**REFERENCES**

1. Statin prescription immediately following ASCVD diagnosis was associated with a reduced risk of long-term MACE among each ASCVD group: CAD: adjusted HR=0.95, p=0.003; CVD: adjusted HR=0.90, p<0.0001; PAD: adjusted HR=0.90, p=0.006.

Among PAD patients, there was a significant interaction between receiving a statin at discharge and age (p-interaction<0.0001), with older patients less likely to receive a statin.

After adjustment by risk factors, statin use at discharge continued to be significantly associated with a reduced risk of long-term MACE for these <65 (HR=0.83, p<0.0001), with no significant association seen among those ≥65 (HR=1.09, p=0.17).

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**CONCLUSIONS**

A substantial treatment gap for statin use was found among the different ASCVD diagnosis groups. Given the emergent need to increase statin use in these subgroups, as evidenced by a significant treatment gap and improved outcomes with statin use, efforts aimed at increasing statin use following ASCVD diagnosis, especially for CVD and PAD patients, should be a high priority.