



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



Spotlight on Special Topics

EFFECT OF STATIN IN HOSPITALIZED PATIENTS WITH COVID 19

Poster Contributions

Monday, May 17, 2021, 9:45 a.m.-10:30 a.m.

Session Title: Spotlight on Special Topics: COVID 7

Abstract Category: 61. Spotlight on Special Topics: Coronavirus Disease (COVID-19)

Authors: *Hilda Mariana Gonzalez Bonilla, Nitheesha Ganta, Prince Alebna, Julius Ngwa, Richard Ogunti, Swati Vanaparthi, Isaac Opoku-Asare, Howard University Hospital, Washington, DC, USA*

Background: Currently, the benefits use of statins in patients with COVID-19 is not well established. There are some studies that suggest its use may be associated with a less severe viral infection and might decrease mortality. The role of statin in cardiac arrest patients is not clear.

Methods: Our study included patients admitted to our hospital between March 1 and July 1, 2020, who were COVID positive. We stratified the patients into 2 groups, the ones treated with a statin and the ones who did not receive treatment with a statin.

Results: A total of 327 patients were included in our study. Of those patients 116 (34.5%) were on a statin and 211 (64.5%) were not on a statin. Among statin participants, the average age was 65.1 years, 41 (35.3%) were females and 90 (77.6%) were African Americans. 21 (18.1%) had a cardiac arrest and 22 (19%) died during that hospitalization. After adjusting for relevant clinical factors, patients who were on statins had significantly decreased odds of death (adjusted odds ratio: 0.338; 95% CI: 0.115 to 0.997; $p=0.049$). In this group of patients, age was significantly associated with mortality (adjusted odds ratio: 1.034; 95% CI: 1.006 to 1.061; $p=0.015$); amiodarone use (adjusted odds ratio: ; 95% CI: 1.006 to 1.061; $p=0.015$) and aspirin use (adjusted odds ratio: 8.918; 95% CI: 2.899 to 27.436; $p=0.0001$) were also associated with increased odds of death. The use of statin was not significant associated with cardiac arrest (adjusted odds ratio: 0.472 ; 95% CI: 0.170 to 1.307; $p=0.149$).

Conclusion: In this study, patients hospitalized with COVID-19 who received statins had significantly less rates of deaths compared to the group who did not receive statin. The patients with COVID-19 who receive statins, had less rates of cardiac arrest, however this was not significant. These findings add information to the current growing literature in patients with COVID-19. Further studies need to be done.