



AC044

Adult Cardiology & Clinical Cardiovascular Medicine • Poster Presentation

SEX-BASED DIFFERENCES IN STATIN USE AMONG HIGH-RISK CARDIOVASCULAR PATIENTS IN NIGERIA: A CROSS-SECTIONAL ANALYSIS

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Stand: POSTER #AC044 | **Venue:** Poster Exhibition Hall & Gallery - Eko Convention Centre | **Online Ref:** <https://nigeriancardiacsociety.com/abstracts/AC044>

Background: Sex-related differences in the prescription of evidence-based cardiovascular therapies have been reported worldwide, with women often receiving less intensive lipid-lowering therapy than men. Whether similar disparities exist in statin prescribing among high-risk cardiovascular patients in Nigeria remains uncertain. We evaluated sex differences in statin use among high-risk cardiovascular patients in Nigeria and determined whether sex independently predicts statin utilization after adjustment for clinical covariates.

Methods: We analyzed cross-sectional data from 1,470 Nigerian patients with cardiovascular risk; 1,465 had complete sex and statin-use data. Multivariable logistic regression estimated adjusted odds ratio (aOR) for statin use by sex, adjusting for age, hypertension status, smoking, LDL-cholesterol, and educational attainment. High-risk was defined as established ASCVD, diabetes aged ≥40 years, or 10-year CVD risk ≥7.5%.

Results: The cohort comprised 677 men and 788 women, mean age 58.2±12.4 years. 536 (36.6%) were on statins. Statin use was similar in men and women (36.3% vs 36.7%, crude OR 0.99, 95% CI 0.80–1.22; p=0.91). In 534 participants with complete covariates, sex was not independently associated with statin use (aOR 0.97, 95% CI 0.68–1.40; p=0.89). Older age predicted statin prescription (aOR 1.01 per year, 95% CI 1.00–1.03; p=0.044). Hypertension, smoking, LDL-cholesterol, and tertiary education were not significant.

Conclusion: Statin use was low among high-risk cardiovascular patients in Nigeria, with no significant sex-based disparity. The gap appears systemic rather than sex-specific, warranting broad, non-sex-targeted interventions to improve uptake.

Keywords: Non-communicable diseases, Statin, Cardiovascular diseases, Sex disparities, Nigeria