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Adult Cardiology & Clinical Cardiovascular Medicine • Poster Presentation

UNDERUTILIZATION OF STATINS AND OTHER LIPID LOWERING THERAPIES AMONG HIGH-RISK CARDIOVASCULAR PATIENTS IN NIGERIA: A NATIONAL CROSS-SECTIONAL STUDY

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Background: Lipid lowering therapies (LLT), particularly statins, are recommended in established high cardiovascular risk patients. However, national data on LLT utilization remain limited despite growing cardiovascular disease burden. We evaluated prevalence, pattern, and determinants of statin use among high-risk cardiovascular patients in Nigeria.

Methods: We conducted a national cross-sectional study through the Nigeria Clinical Lipid Research (NiCLiR) Network across 15 secondary and tertiary healthcare facilities between August 2025 and May 2026. Adults (?18 years) with established high-risk cardiovascular conditions, were consecutively recruited during routine outpatient visits. Standardized case report forms captured demographic, clinical, and treatment data. Multivariable logistic regression identified factors associated with statin use, reported as adjusted odds ratios (aORs) with 95% confidence intervals (CIs).

Results: Among 1,470 participants, (mean age was 57.3 ± 14.5 years; 46.2% male), 536 (36.6%) received statins. Among statin users, atorvastatin was the most prescribed statin (54.3%), followed by rosuvastatin (28.9%) and simvastatin (17.7%); 23.5% received high-intensity statins. Non-statin LLT combination (0.34%) was rare. Increasing age (aOR 1.013; 95% CI 1.005–1.021; p = 0.002), hypertension (aOR 0.286 for no vs. yes; 95% CI 0.191–0.429; p < 0.001), and family history of diabetes mellitus (aOR 0.417 for no vs. yes; 95% CI 0.298–0.582; p < 0.001) were independently associated with statin use.

Conclusion: LLT use among high-risk cardiovascular patients was low, with limited use of high-intensity statins. These findings highlight gaps in evidence-based lipid management and support interventions to improve risk-based prescribing, and guideline implementation

Keywords: Statin, Lipid lowering therapy, Cardiovascular disease, Cardiovascular risk, Guideline adherence, Nigeria