Response to Letter by Martínez-Sánchez et al

Response:
Experimental studies suggest statins might have acute neuroprotective effects and, in addition, could influence poststroke recovery.1 One limitation of our analysis was that we could not separate the effects of pretreatment on the initial severity of the recurrent stroke (ie, “cytoprotection”) from the drug’s possible effects on functional recovery.2 Although there might have been systematic differences in management between statin users and nonusers that could have influenced outcomes, there is no reason to believe that this was the case, especially because treatment was random and masked.

Martínez-Sánchez et al report that prior statin treatment was an independent predictor of better outcomes after ischemic stroke.3 Like ours, their analysis was retrospective. Further limitations are that the data came from a single center and were derived from an observational cohort. Because outcomes were assessed at hospital discharge, the results reflect subacute rather than long-term functional effects. Although they found an independent effect of statin pretreatment in only certain pathophysiological subgroups, the clinical implications of the observation are not clear because statin treatment similarly reduces the risk of recurrent events regardless of noncardioembolic ischemic stroke subtype,4 and those with cardioembolic risk often have other indications for statin treatment.

Although not conclusive, our study and that of Martínez-Sánchez et al add to the literature suggesting that there may be a clinical correlate of the pleiotropic effects of statins found in experimental laboratory studies. Additional work is necessary to confirm these findings and to determine whether the effects are therapeutically important.

Disclosures
L.B.G. is a member of the steering committee for the SPARCL trial, a consultant for Pfizer, and a speaker at Pfizer-sponsored meetings in which the results of the SPARCL trial were discussed.

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