

# Are we implementing statin initiation following the REPRIEVE Trial: Results of a clinical audit at an urban sexual health clinic in Sydney, Australia

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## Background

- People living with HIV (PLWH) have up to two times higher cardiovascular disease (CVD) risk, and age at atherosclerotic cardiovascular disease (ASCVD) is a decade younger <sup>1</sup>
- The REPRIEVE study found initiating statin therapy reduced risk of a major adverse cardiovascular event (MACE) for PLWH <sup>2</sup>
- Guidance has thus been developed recommending statin therapy as primary prevention in PLWH age 40-75.

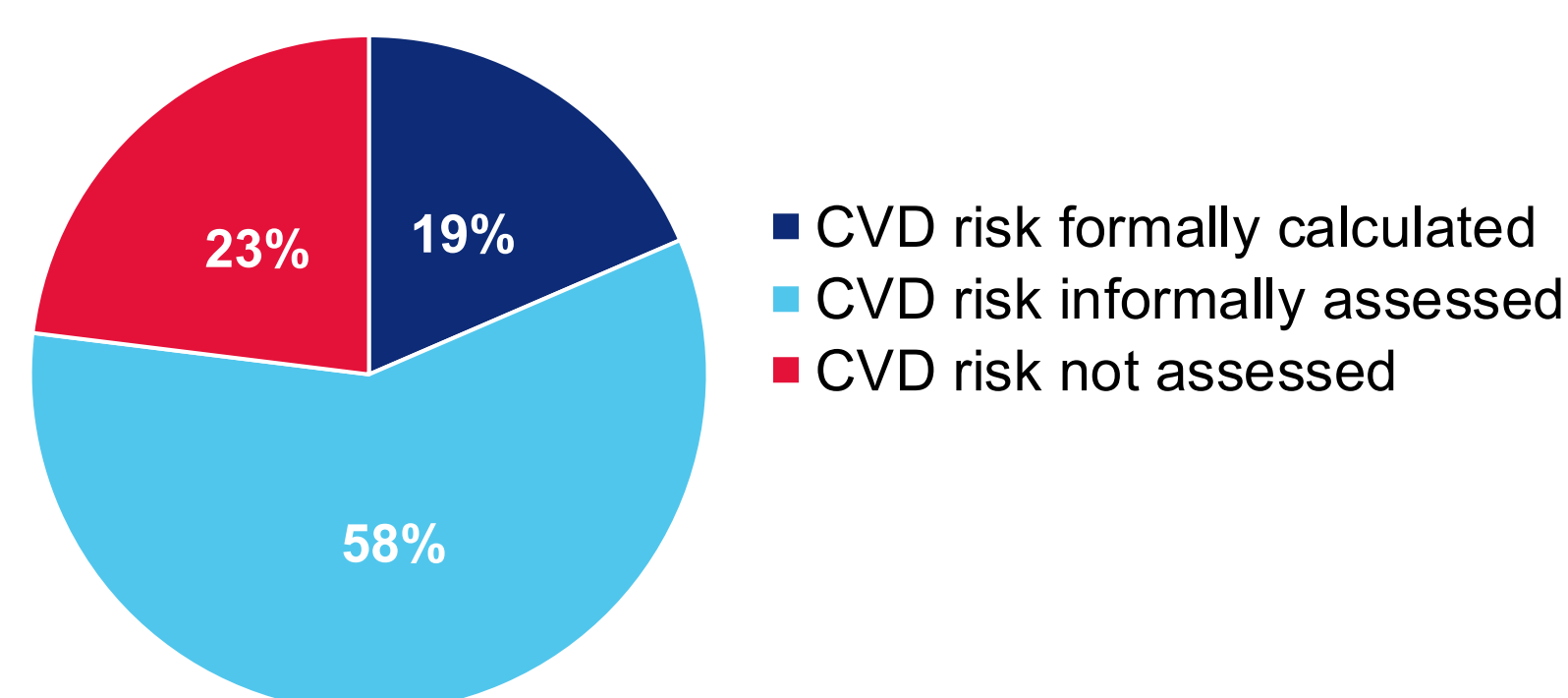
## Method

- A retrospective file review was conducted for PLWH aged  $\geq 40$  years who attended RPA Sexual Health (RPA SH) service, SLHD, Australia from January to December 2024
- Demographic and clinical data were extracted and collated including; CVD risk documentation, statin therapy recommendation, statin therapy initiation, and low-density lipoprotein cholesterol (LDL) levels.

## Results

- The total number of PLWH  $\geq 40$  eligible for a statin was 243, and the majority (n=223/243, 92%) were cis male
- CVD risk was considered formally calculated if a risk calculator was used (n=45/243, 19%), or informally only if CVD risk factors specific to the client were discussed (n=142/243, 58%)
- CVD risk was not assessed for a fifth of clients (n=56/243, 23%).

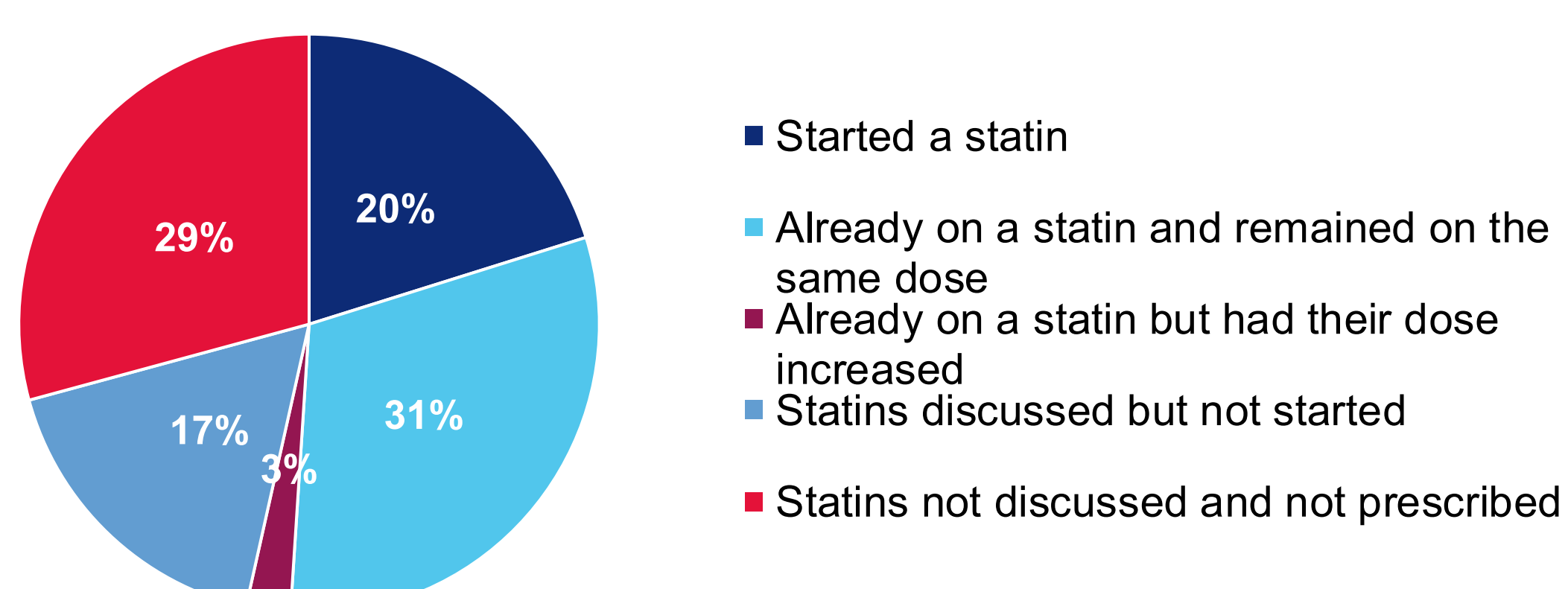
Whether CVD risk was assessed



### Of those PLWH $\geq 40$ eligible for a statin

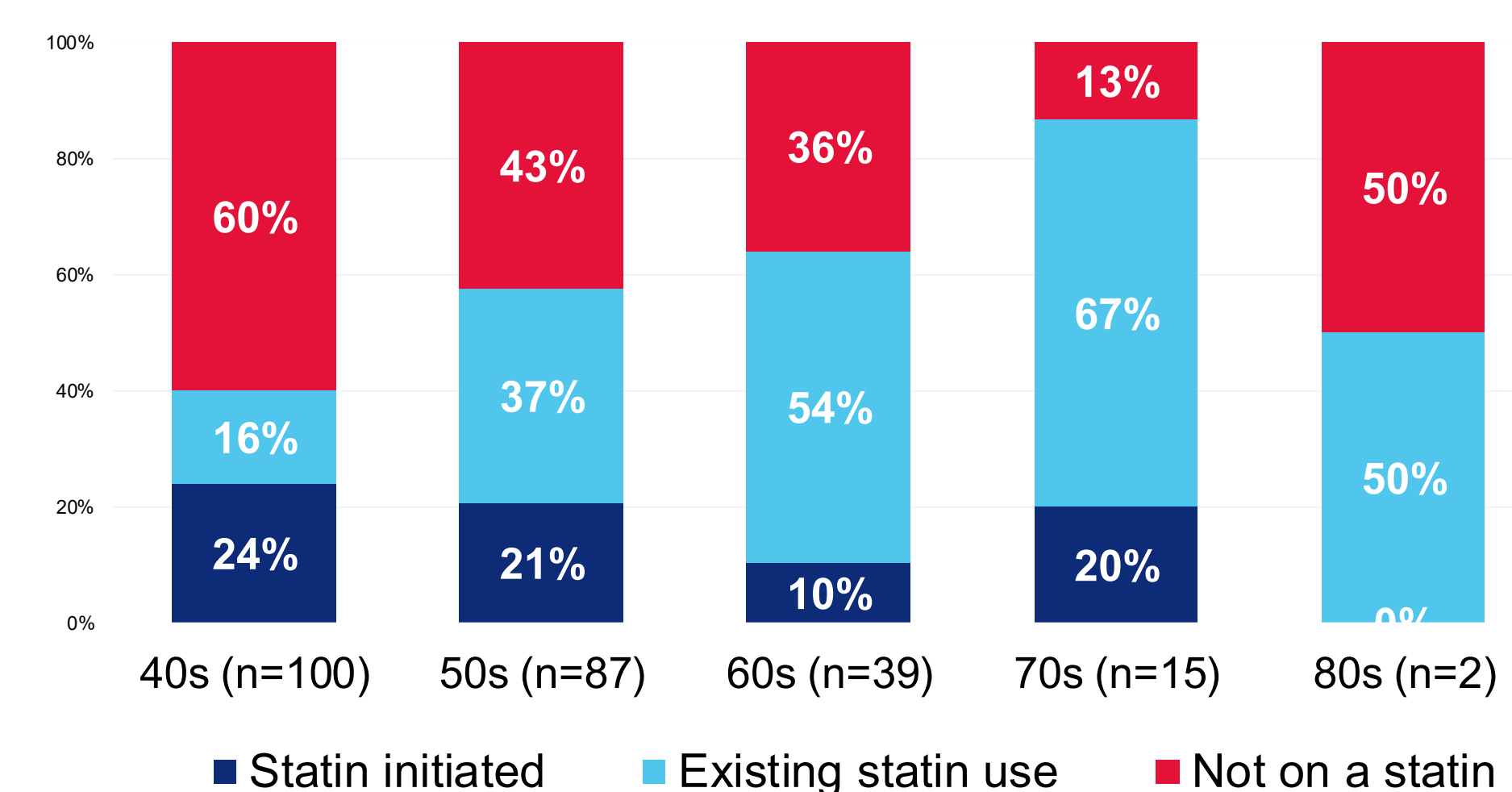
- In total just over 50% of those eligible for a statin (n=130/243, 53%) were prescribed statin therapy
- Almost a third (n=81/243, 33%) were already prescribed statins
- One fifth (n=49/243 20%) were newly initiated on a statin
- Less than a fifth of clients (n=42/243, 17%) declined statins.

Breakdown of statin use: existing, initiated, declined, dose increased, not discussed



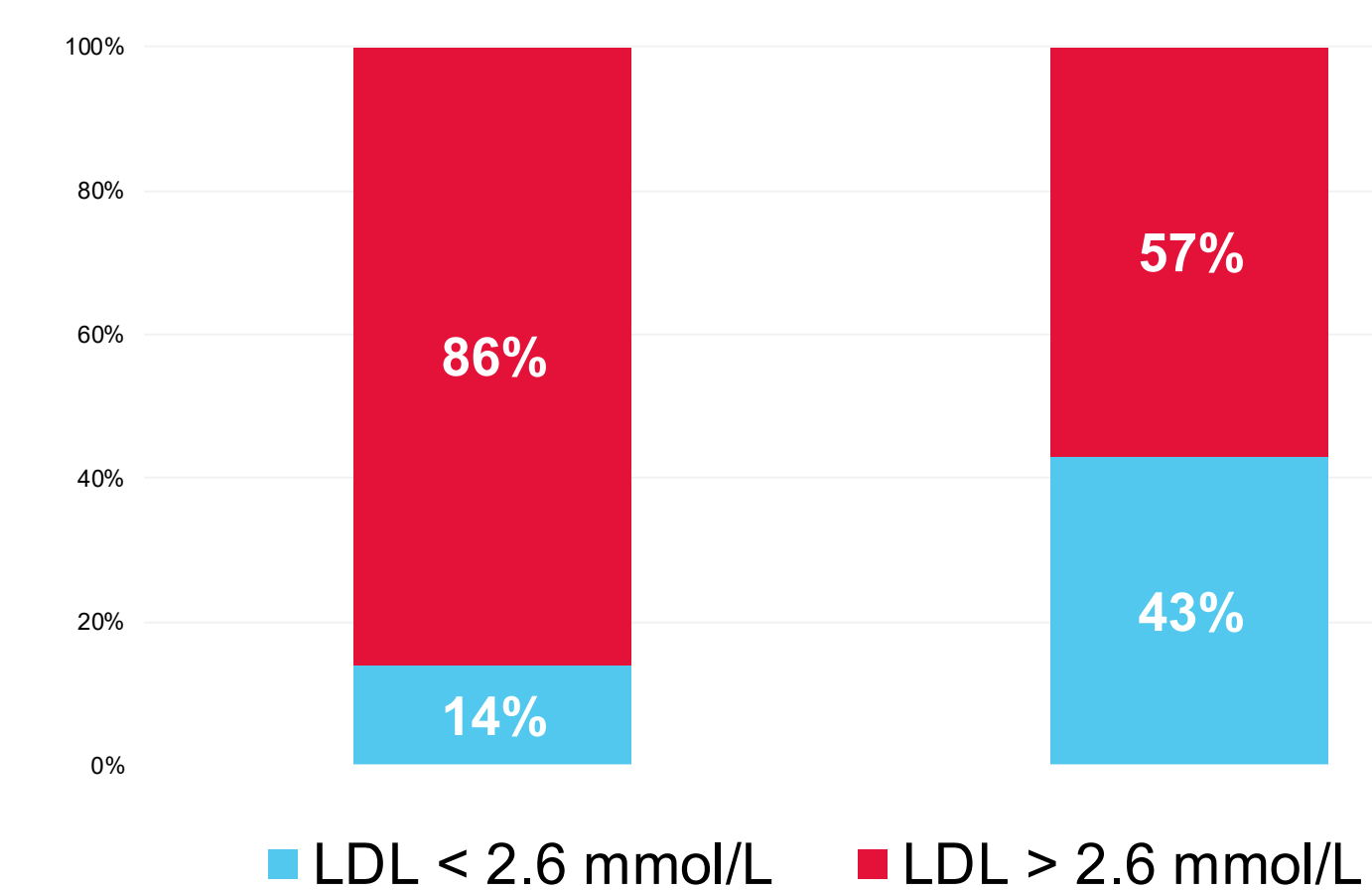
- A general trend was observed with statin use increasing with age. Older people were more likely to already be on a statin.

Breakdown of statin use by age group: no use, existing, initiated



- In those who started statin therapy, only seven out of 49 (14%) had LDL below 2.6 mmol/L. This increased to 21 (43%) at follow up at least three months later.

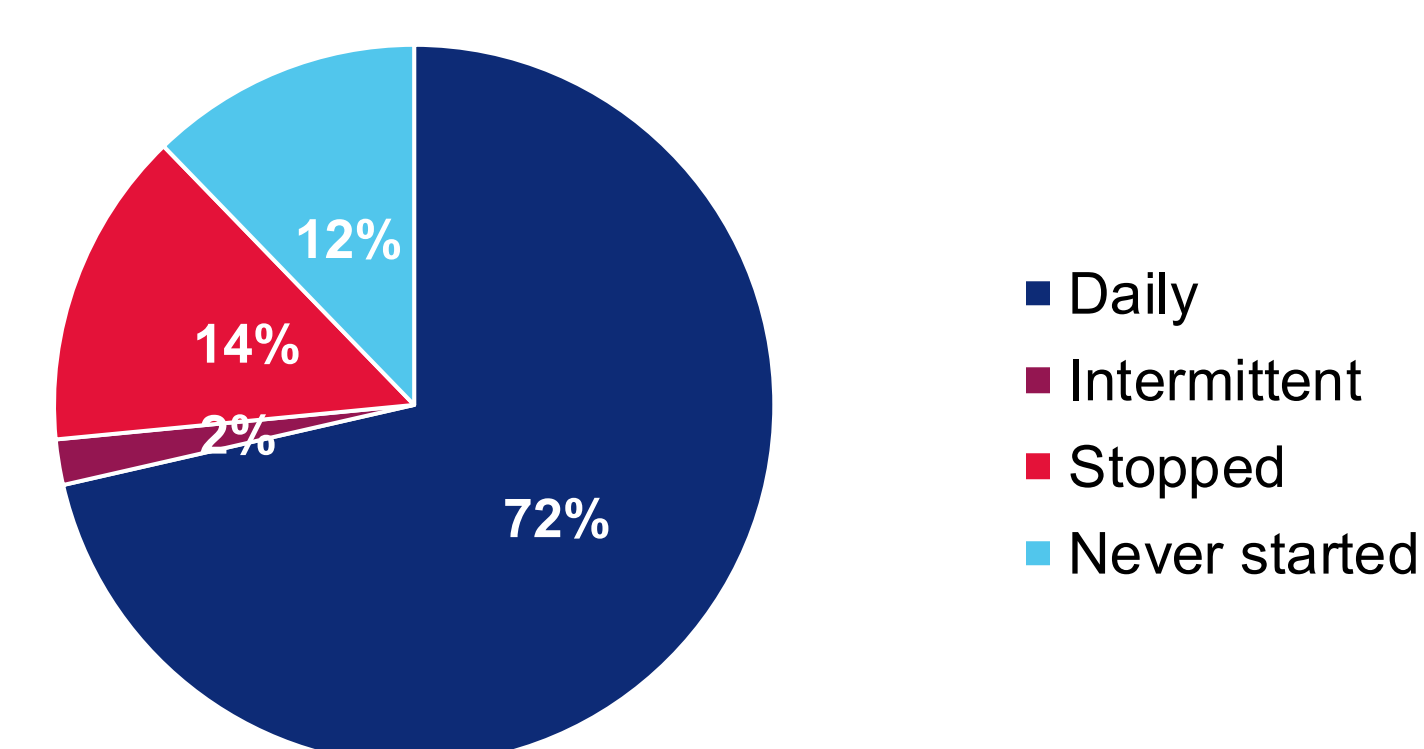
LDL levels at statin initiation and follow up



### In this subset, 72% of PLWH reported daily use of statins

- 14 (29%) reported sub-optimal adherence to statin therapy
- Six (12%) never filled their script
- One (2%) reported intermittent adherence, and seven (14%) self-ceased
- No clients reported adverse effects from statin therapy as their reason for cessation.

Reported adherence to statin therapy at follow up



## Conclusion

- This audit suggests that CVD risk assessment and statin use for PLWH at this service is consistent with guidelines and outcomes from international studies <sup>3,4</sup>
- No one in this retrospective review stopped statin therapy due to adverse outcomes/side effects
- The majority of those on statin therapy reported daily ongoing use, however a significant proportion of people reported sub-optimal adherence and self cessation
- Further work including qualitative analyses into reasons PLWH accept, decline or discontinue statins is required.

## References

- <sup>1</sup>HIV infection, Cardiovascular Disease Risk Factor Profile, and Risk for Acute Myocardial Infarction, Paisible et al, JAIDS Feb 2015
- <sup>2</sup>Pitavastatin to Prevent Cardiovascular Disease in HIV Infection, Grinspoon et al, New England Journal of Medicine Jul 2023
- <sup>3</sup>P26 Implementation of statin therapy in an HIV-positive cohort: real-world challenges and insights from the REPRIEVE trial. Muscatello C et al, Sex Transm Infect. 2025;101(Suppl 1):A120-A121.
- <sup>4</sup>Statin use and LDL cholesterol target attainment in people with HIV after European AIDS Clinical Society 2024 guideline updates. Carrozzo G et al, Nutrition, Metabolism and Cardiovascular Diseases July 2026