

Cardiovascular Event Rates and Mortality among Secondary Prevention Hypercholesterolemia Patients in Japan

EPH36

Tomohiro Kondo¹⁾, Zhang Yilong¹⁾, Kentaro Yamato^{1) 2)}

1) Otsuka Pharmaceutical Co., Ltd., Tokyo, Japan

2) Department of Public Health, Graduate School of Medicine, Juntendo University, Tokyo, Japan

Introduction

- Cardiovascular diseases, particularly stroke and coronary heart disease, constitute the leading causes of mortality in Japan¹⁾.
- Hypercholesterolemia represents a key modifiable risk factor, playing a critical role in the pathogenesis of atherosclerotic cardiovascular events²⁾.
- Patients who survive a primary cardiovascular event remain at heightened risk for recurrent and potentially more severe events such as ischemic stroke (IS), myocardial infarction (MI) or unstable angina (UA)³⁾.
- The aim of this study was to assess the risks of recurrent cardiovascular events and all-cause mortality in patients with a history of cardiac or cerebrovascular events, using real-world data.

Methods

- We conducted a retrospective cohort analysis using the Diagnosis Procedure Combination database from Medical Data Vision Co., Ltd. (Tokyo, Japan)⁴⁾, covering the period from April 2008 to March 2024.
- Patients with hypercholesterolemia (E78.0) were included in the analysis.
- The index date was defined as the date of the first hospitalization due to MI (ICD-10: I21, I22), IS (ICD-10: I63), or UA (ICD-10: I20.0), based on inpatient and outpatient ICD-10 codes recorded in the database.
- Patients with a diagnosis of cancer (ICD-10: C00–43, C45–C97), liver cirrhosis (ICD-10: K70.3, K71.7, K74.3, K74.4–K74.6), or dialysis (J038) were excluded.
- Cardiovascular risk was evaluated among patients with comorbid diabetes mellitus (DM; ICD-10: E10–E14).

Study design

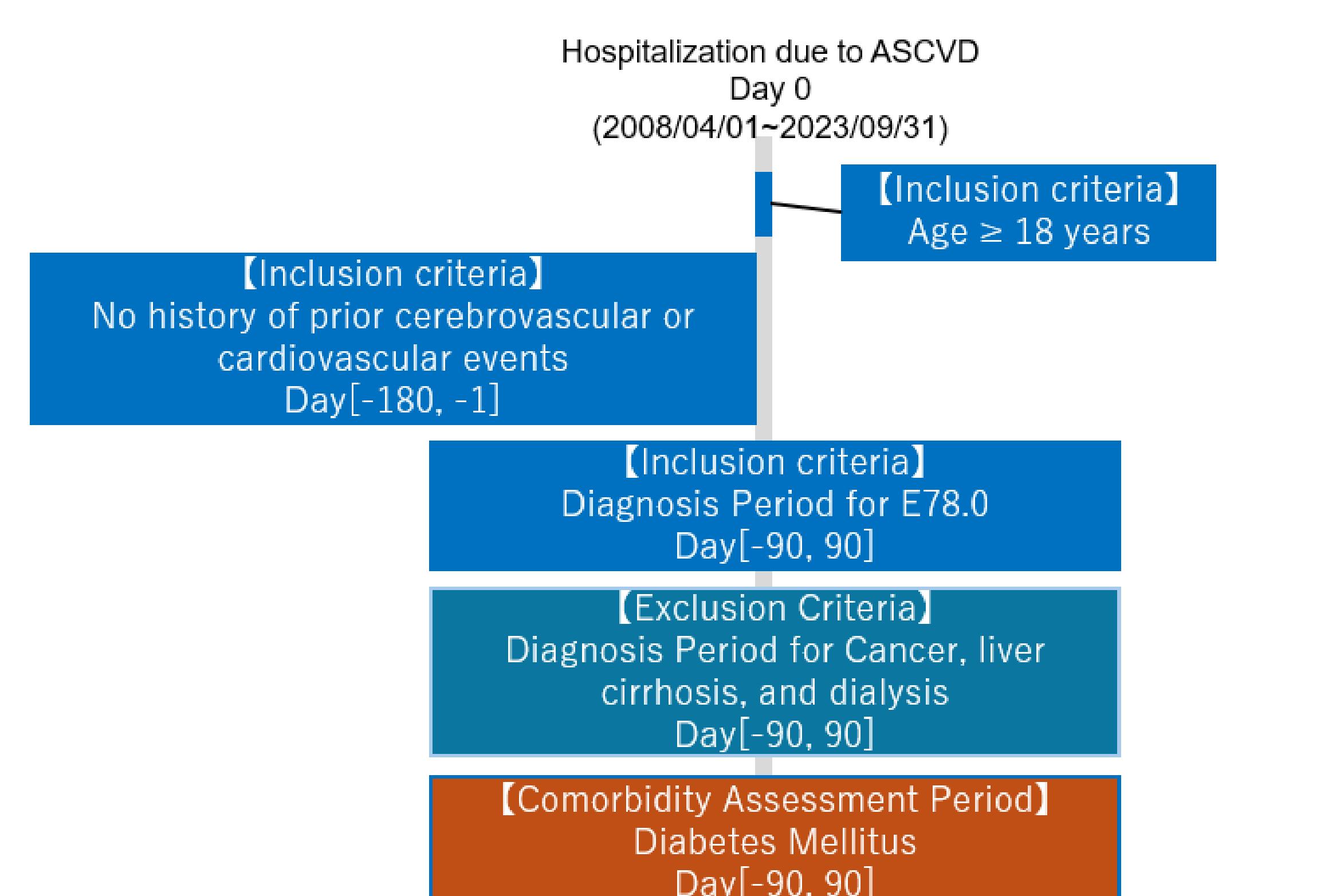


Figure 1. Study design

Results

- A total of 212,363 patients were included in the analysis.
- Mean age of 70.56 years; 67.42% were male.

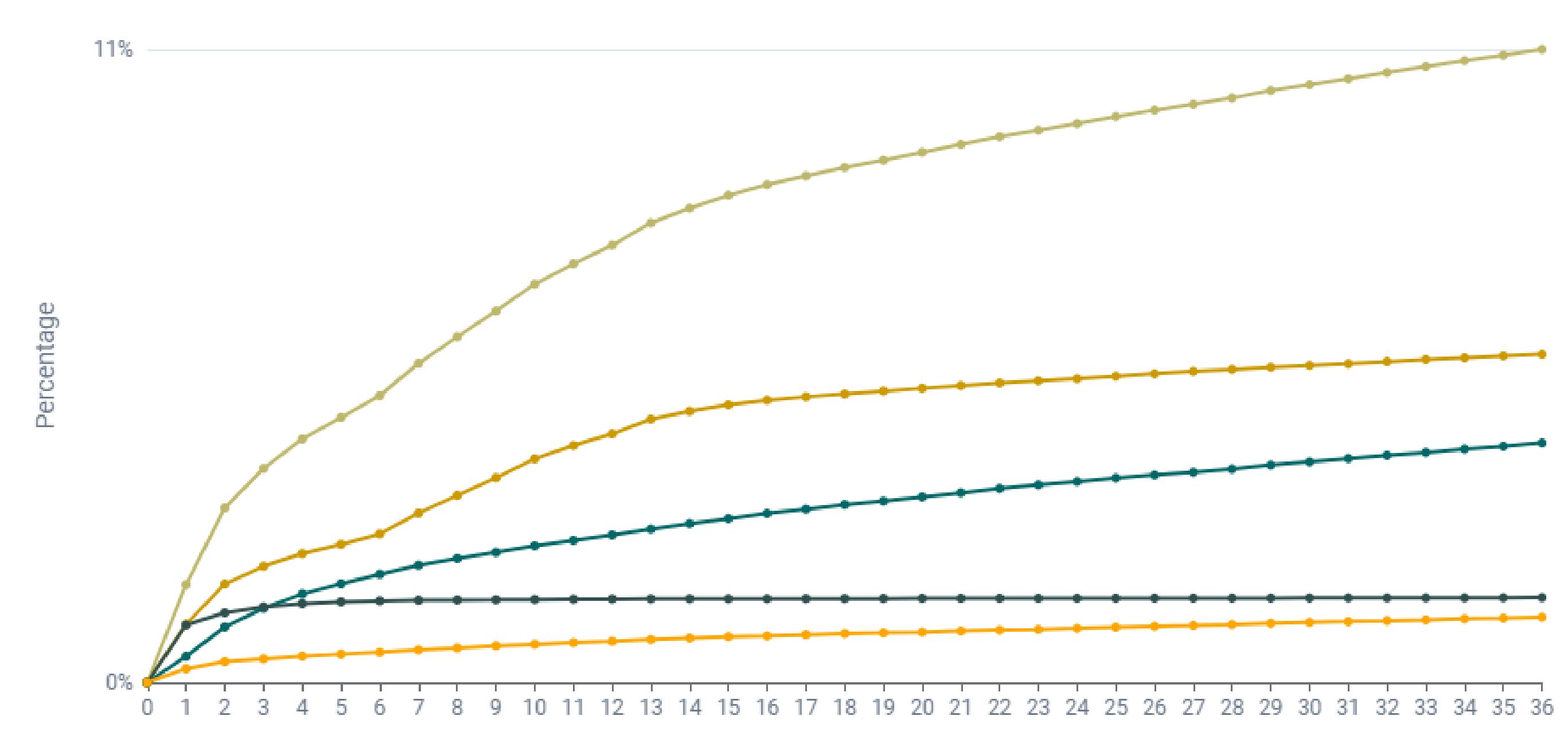


Figure 2. Time-to-Event Analysis of Cardiovascular Outcomes Following Initial ASCVD (MI, IS, and UA)

Table 1. Cardiovascular Disease Risk Between Patients With and Without Diabetes Mellitus

| Time since prior event | Risk of 2nd event | Overall population | | | | | | | |
|------------------------|-------------------|--------------------|------------|------------|-------------------|-----------------------------------|------------|------------|-------------------|
| | | Overall population | | | | Patients with coexisting diabetes | | | |
| | | Risk of IS | Risk of MI | Risk of UA | Risk of Mortality | Risk of IS | Risk of MI | Risk of UA | Risk of Mortality |
| Prior MI | < 12 months | 0.57% | 1.65% | 2.81% | 1.84% | 0.18% | 1.86% | 0.54% | 0.87% |
| | 12 - 24 months | 0.32% | 0.43% | 0.93% | 0.01% | 0.13% | 0.52% | 0.22% | 0.28% |
| | > 24 months | 0.26% | 0.33% | 0.47% | 0.01% | 0.12% | 0.44% | 0.22% | 0.26% |
| Prior IS | < 12 months | 5.19% | 0.14% | 0.35% | 1.75% | 5.08% | 0.67% | 0.46% | 2.79% |
| | 12 - 24 months | 1.78% | 0.10% | 0.10% | 0.01% | 1.98% | 0.35% | 0.28% | 1.02% |
| | > 24 months | 1.24% | 0.09% | 0.06% | 0.02% | 1.38% | 0.29% | 0.26% | 0.73% |
| Prior UA | < 12 months | 0.42% | 0.49% | 16.95% | 0.26% | 0.46% | 2.95% | 17.67% | 5.09% |
| | 12 - 24 months | 0.24% | 0.18% | 3.07% | 0.01% | 0.14% | 1.01% | 3.40% | 1.18% |
| | > 24 months | 0.22% | 0.20% | 1.17% | 0.02% | 0.13% | 0.56% | 1.33% | 0.57% |

Conclusion

Patients in Japan who experience a primary cardiovascular event face a substantial risk of recurrent events and death, highlighting the critical need for effective secondary prevention strategies.

Reference

- Ministry of Health, Labour and Welfare. (2023). Summary of Vital Statistics (Final data), 2022 (in Japanese). Retrieved from <https://www.mhlw.go.jp/toukei/saikin/hw/jinkou/kakutei22/>
- Joseph P, Leong D, McKee M, Anand SS, Schwalm JD, Teo K, et al. Reducing the Global Burden of Cardiovascular Disease, Part 1: The Epidemiology and Risk Factors. Circ Res. 2017;121(6):677-94.
- Murphy SA, Cannon CP, Wiviott SD, McCabe CH, Braunwald E. Reduction in recurrent cardiovascular events with intensive lipid-lowering statin therapy compared with moderate lipid-lowering statin therapy after acute coronary syndromes from the PROVE IT-TIMI 22 (Pravastatin or Atorvastatin Evaluation and Infection Therapy-Thrombolysis In Myocardial Infarction 22) trial. J Am Coll Cardiol. 2009 Dec 15;54(25):2358-62. doi: 10.1016/j.jacc.2009.10.005. PMID: 20082923.
- Medical Data Vision Co., Ltd. MDV Database.; Available at: Medical Data Vision Co., Ltd. Accessed Oct 6, 2025.