



Statins as adjunct therapy in COPD: is it time to target innate immunity and cardiovascular risk?

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Shareable abstract (@ERSpublications)

COPD exacerbations are associated with considerable morbidity and mortality. In a well-designed RCT, Schenk and colleagues show that simvastatin reduces COPD exacerbations by 23% relative to placebo in patients optimised on preventive inhaler therapy. <https://bit.ly/2NAFM2v>

Cite this article as: Young RP, Scott RJ. Statins as adjunct therapy in COPD: is it time to target innate immunity and cardiovascular risk? *Eur Respir J* 2021; 58: 2100342 [DOI: 10.1183/13993003.00342-2021].

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Received: 3 Feb 2021
Accepted: 12 Feb 2021

The main goal of management for COPD is to minimise symptoms and prevent exacerbations [1]. For patients with COPD, exacerbations are a major determinant of reduced quality of life, progressive decline in lung function and increased mortality, particularly from cardiovascular causes [1, 2]. Risk factors predicting future exacerbations include a prior exacerbation, increasing age, worsening lung function, current smoking, low body mass index and presence of comorbid diseases [3]. In addition, biomarkers of systemic inflammation (primarily mediated by interleukin (IL)-6), have been independently linked to increasing risk of COPD exacerbations in prospective studies [4, 5]. It is through this mechanism that statins (HMGCoA-reductase inhibitor) may benefit some patients with COPD (figure 1). Exacerbations of COPD are costly to treat, making up a large proportion of the costs of care for COPD [6]. Current therapies aimed at reducing COPD exacerbations are based primarily on long-acting inhaled bronchodilators and inhaled corticosteroids [7], where a 20–30% reduction is achieved relative to placebo [8].