ing a statin as an outpatient. We find a similar strong relationship between inpatient statin use and outcomes when we perform this type of analysis. Among patients not taking a statin as an outpatient prior to hospitalization, the odds ratio for inpatient statin use in multivariable logistic regression predicting being alive at day 30 is 2.81 (95% CI, 2.12-3.73; \( P < .001 \)) and the odds ratio for inpatient statin use predicting discharge to home or inpatient rehabilitation facility is 2.02 (95% CI, 1.6-2.54; \( P < .001 \)).

It should also be noted that in the original article, we also showed the converse of this analysis: among outpatient statin users, statin cessation in the inpatient setting is strongly associated with worsened outcomes (Figures 1 and 3).1

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