In the current study, statin use was independently associated with both lower risk of VF in univariate and multivariate analyses, and patients on statins had lower risk of VF than those who were not taking statins. When adjusted for baseline VF risk and adherence, however, the protective effect was no longer significant. These findings support recent evidence suggesting that statin use may be protective in HIV-infected individuals, particularly those on ART with undetectable viral loads. Further study is needed to understand the mechanisms underlying this protective effect and to determine whether statin use should be recommended for all HIV-infected individuals on ART.