

Should you be taking a statin drug?

Millions of patients are currently treated with cholesterol-lowering statin drugs that are prescribed to prolong life and prevent heart attacks. For patients who have never had a heart attack or stroke (primary prevention), statin therapy is typically recommended if their risk of a heart attack or cardiovascular event is high. To aid physicians in identifying high risk, statin eligible patients a number of models that calculate cardiovascular risk have been developed. Current cholesterol guidelines recommend statin therapy for most adults whose risk of a cardiovascular event exceeds 7.5% over the next ten years. Although this approach seems both intuitive and logical it has never been proven to work. Though many clinical trials of statin therapy have demonstrated significant benefits, often overlooked are the dozens of well conducted clinical trials of statin therapy in high risk patients that have failed to demonstrate a reduction in either mortality or cardiovascular events. In one study only 25% of younger patients who sustained a heart attack would have qualified for statin therapy based upon their risk calculation. In another recent study over half of patients deemed statin eligible based upon their risk score actually were at extremely low risk of having a heart attack based upon a CT scan of their heart arteries which showed no evidence of coronary calcium, a marker of arterial blockage. Ideally, cardiovascular risk models should help us accurately identify both patients who should be treated with a statin to prevent a heart attack and patients who don't require treatment. A review of current evidence suggests that this approach may not work. The decision to recommend statin therapy for primary prevention is complex. Long-term statin therapy is not without risk, and a recent British study indicated that the increased risk of developing diabetes from statins was 363% after 15-20 years. Physicians and patients should carefully weigh the risks and benefits of statins in light of these conflicting results.

Publication

[Should Statin Therapy Be Guided by Cardiovascular Risk Models?..](#)

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