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All the authors took part in all aspects of this letter and there are no sponsors involved.

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STATIN THERAPY IN THE ELDERLY: MISCONCEPTIONS

To the Editor: There has been a growing pressure to pharmacologically achieve very low cholesterol levels in wide segments of the population,¹ including elderly people.² A recent meta-analysis³ suggested that statins reduce all-cause mortality in elderly patients and that the reduction might be substantially larger than previously estimated. Although this may be true in elderly patients with known vascular disease, it is not true in elderly patients in general. Furthermore, the meta-analysis³ provides evidence that statins increase all-cause mortality in elderly patients without known vascular disease.

The PROspective Study of Pravastatin in the Elderly at Risk (PROSPER)⁴ is the only randomized, controlled trial specifically restricted to elderly patients that was included in the meta-analysis. Other trial data in the meta-analysis was derived from subgroup analyses of randomized elderly patients and thus subject to bias. The 3.2-year PROSPER trial involved 5,804 patients with an average age of 75 at entry. Half of the patients had

known vascular disease and the remainder had risk factors for vascular disease. In subjects randomized to pravastatin during the trial, there was an increase in cancer death that was equal in magnitude to a decrease in coronary heart disease death, which resulted in unchanged all-cause mortality.⁴

Unpublished data from the PROSPER trial, reported in the meta-analysis,³ revealed that a significant 18% decrease in all-cause mortality in subjects with known vascular disease randomized to pravastatin. This implies that the other half of the subjects, without vascular disease randomized to pravastatin, had a significant increase in all-cause mortality, leaving all-cause mortality of the entire cohort of pravastatin-treated subjects unchanged.

Therefore, there is no trial evidence that statins decrease all-cause mortality in elderly people without known vascular disease. On the contrary, there is evidence that they increase all-cause mortality in this group. Additionally, there is no evidence that any other hypolipidemic drugs decrease all-cause mortality in elderly subjects with or without known vascular disease. Finally, the use of statins to lower cholesterol in elderly people should be restricted to those with known vascular disease.

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