

Statins, Their Underutilization

Statins have been in use since 1980s to lower LDL cholesterol. At present, they are the most commonly prescribed medications in the United States for a good reason. They are very effective and powerful in protecting adverse effects of cardiovascular disease.

Statins significantly decrease the incidence of stroke and heart attack in high risk and intermediate risk patients, irrespective of whether they had previous heart attack or stroke. That's the reason physicians prescribe statins for primary and secondary prevention of cardiovascular disease.

Two most common reasons for reduction in the incidence of cardiovascular disease in this country for the past 40 years or so, is because of less cigarette smoking and taking statins. In spite of that, people are often hesitant or reluctant to take statin. People who really need them are probably not taking them or are not taking them at the right dose.

MISCONCEPTIONS REGARDING STATINS: Most common worry about statins is that they cause muscle pain or aching joints. In real life, it occurs probably about 5% of the cases and that means 95% of the people who take statins will have no problem. This side effect does not necessarily mean that individuals cannot take advantage of the of the statins.

Often stopping the statins temporarily and restarting, often result in no significant muscle symptoms. It is also possible to get rid of the muscle aching with less frequent dosing or a lower dose. Often, starting statin at a small dose once a week and gradually increasing the frequency over several weeks, may result in preventing muscle symptoms.

In the past, there were concerns about statins causing dementia has been reported, but this has been disproved in large studies. There is also concern about statin can cause liver damage. Statins target an enzyme that is involved in cholesterol production and some people worry that the drug will cause liver damage.

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However, this problem is so rare that present guidelines do not recommend regular testing for liver dysfunction.

BENEFITS OF STATINS: Statins are well known to lower the LDL cholesterol level. In addition, they help to stabilize the atherosclerotic plaques to prevent cardiovascular disease progression. Some statins when combined with lifestyle changes and other lipid loading therapy may actually cause the plaque to shrink.

Statins also help to repair damage to the lining of the arteries, lower the risk of blood clot formation and reduce inflammation. In addition, statins also protect the heart during non-cardiac surgery. For patients with certain forms of cancer, statins have been known to increase the effectiveness of the chemotherapy and radiation while protecting against the damage these treatments can cause.

WHO SHOULD TAKE STATINS: This depends on an individual's risk of heart attack and stroke. Cardiologists calculate individual's risks based on variety factors, including blood pressure, cholesterol level, smoking history, the presence or absence of diabetes, sex and age. Presence of elevated calcium score and elevated Lipoprotein (a) level often need more aggressive therapy.

Family history of early coronary artery disease is also another factor to consider. There is always a question whether patients need to be on statin for life. The answer to this question should be to take medication until the risk outweigh the benefits. Since there is very little risk associated with statins, most people need to take them for a long time.

You will be surprised to find out that many cardiologists start taking a low-dose statins in their 30s and 40s, just because they believe in them so much.

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