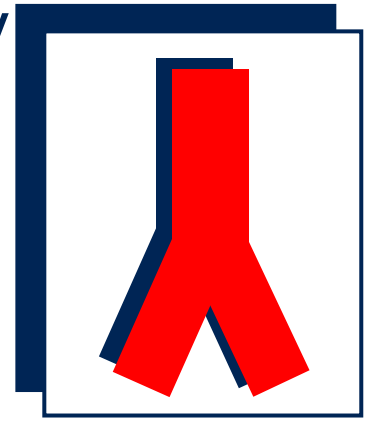


Will Butcher – Vascular Surgery

Patient information



Statins – What should I do?

There has been a lot of hype about this group of medications. Many people are worried about the side effects some of which sound truly bad. One of the problems here is that it can be difficult to shake off a bad reputation even when there is proof to the contrary. With Statins much of the excitement and hype is quite simply not supported in fact. Let's start at the beginning;

What are Statins?

This is a class of medication that is designed to lower your Cholesterol. Representatives of the class include Pravastatin, Rosuvastatin, Simvastatin, Fluvastatin and Atorvastatin. They work by reducing the rate at which your liver produces cholesterol from foods you ingest. Statins are several times more effective than diet alone at reducing cholesterol. Interestingly after many years of using statins we are now aware that there are some other effects (more than simply reducing cholesterol) that are beneficial. Statins can directly affect the damage in your arteries to stabilise the disease independently reducing the risk of further events.

Why should I take a statin?

Because of their effects at lowering cholesterol and stabilising arterial disease they have been shown to significantly reduce key events like heart attacks and stroke in patients at increased risk of these events. The risk reduction is about 20%. This means that the effect is quite high in people at high risk – those with family histories of heart attack or stroke, those with high cholesterol and those who have experience an event related to arterial disease, but in those at low risk the effect is smaller. It is probably not worth taking a statin if you are at low risk.

What about side effects?

Well, all medications have side effects. Oddly in comparative trials even the patients taking a placebo (sugar pill which is totally inactive) suffer some side effects. This suggests that not all symptoms that patients experience are related to the tablets they are taking. One of the problems in previous studies is "observation bias", this is the bias that comes from looking for a particular outcome that you are studying. Simply put this means that if you ask about a particular side effect you are more likely to find it, in fact so much more likely that we know we will

find it in lots of patients who do not really have that symptom or side effect simply because the patient misunderstands the question or give the answer they think the doctor wants. In really responsible trials the incidence of side effects was around 5%.

The most well recognised side effects are muscle soreness. In some this is part of a really sinister condition known as "myositis" where real damage to the muscles can occur. Importantly it is completely reversible. But it is important that you discuss any new or significant muscle pain with your GP if you are taking a statin. For the most part the muscle aches and pains reported are not sinister at all and in the majority have nothing to do with the statins at all. In some of the studies the incidence of muscle aches and pains was similar between statins and placebo. The problem is that we are all now so aware of this problem that whenever any patient taking a statin develops any type of muscle complaint they blame the statin immediately.

Memory Loss?

Some years ago there were a number of dramatic claims that statins cause memory loss. As with other things that came to light before they were fully investigated, this has now been completely disproven. There is no evidence that statins cause or contribute to memory loss. The problem in the original work was that memory loss in an increasingly diagnosed problem in the exact same group of patients taking statins, the original studies were not powered to tell the difference between memory loss in general and memory loss due to statins.

Diabetes?

There is a small increased risk of developing diabetes for patients taking statins. This risk is substantially less than the risk of other major things like heart attacks and strokes. The risk of getting diabetes is about one twentieth less than the risk of a stroke or heart attack.

Apart from taking a statin, what can I do?

If you have peripheral vascular disease we know that you have a significantly higher risk of stroke, heart attack and death. Taking a statin is one of the most obvious things you can do. In addition you can:

- Stop smoking – this is the most important risk factor
- Exercise more – This has several positive health related benefits, you should exercise for 30 minutes every day.
- Eat a balanced and calorie controlled diet with a good mix of fruit and vegetables.
- Limit alcohol intake
- Pursue a low cholesterol diet
- Lose weight if you are overweight.

How do I take my statin?

There is good evidence that the effect of a statin is best if taken just before bed at night. It seems that the overnight fast improves the effect of the medication. For some people this is tricky because it means another "Medication event" meaning that it may be forgotten. You should discuss with your pharmacist or GP the best time to take your statin.

What if I get side effects?

As with any medication, if you feel that the medication has caused a problem you should discuss this with your doctor or pharmacist who can best advise you. Usually, if possible a short break from the medication and then reintroducing it may help to provide clarity on the cause of the symptoms. With statins you can try lower doses of the medication or a different agent to see if the side effects can be reduced. In the few patients who genuinely are intolerant there are some other medications that can be tried to reduce cholesterol, they are not as effective but are better than doing nothing. Many statins are now available in a combination product with another cholesterol reducing medication, this seems to increase the effect of the statin somewhat. This may mean that a lower dose of statin achieves the same effect.

For more information you could search for the National Prescribing Service of Australia which has a lot of helpful patient information