Statins help even the healthy

By ACSH Staff — May 17, 2012

We’ve long known about the beneficial effects of statins in secondary prevention that is, their ability to effectively lower LDL cholesterol and reduce the risk of heart attack and stroke among patients already diagnosed with heart disease. But what about their role in preventing such adverse events in people with no history of vascular disease (also referred to as primary prevention)?

A new meta-analysis, published in *The Lancet*, aims to answer that question [1] by providing evidence that statins do indeed safely reduce the risk of major vascular events in both men and women, young and old, who have no history of heart disease.

For their study, researchers analyzed about 175,000 patients from 27 randomized trials, grouping them into five categories based on their 5-year risk of experiencing an adverse vascular event. Even among those who had a 5-year risk below 10 percent (the lowest risk category), treatment with statins reduced their risk of a serious vascular event by 21 percent for each 18 mg/dL reduction in LDL cholesterol.

Based on these results, the study authors are calling on health agencies in the U.S., Europe, and the U.K. to reconsider treatment guidelines, which currently restrict statin use to those whose 10-year risk of a major vascular event is at least 20 percent.

In an accompanying editorial, Drs. Shah Ebrahim and Juan P. Casas from the London School of Hygiene and Tropical Medicine observe that, since most people older than 50 years are likely to be at greater than 10 percent 10-year risk of cardiovascular disease, it would be more pragmatic to use age as the only indicator for statin prescription [1].

While the editorialists make a somewhat outrageous proposal to simply put everyone over 50 on statins the data in this large study lend them some support, says ACSH's Dr. Gilbert Ross. Both the efficacy across the board major reductions in heart risk from lowering LDL levels and the safety of statin drugs render their widespread use as something we should seriously consider. Or at least, maybe the bar should be lowered for starting patients on one of these drugs; after all, heart disease is still far and away the leading cause of death in the Western world.
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