Perceptions of statin side-effects greatly outnumber actual threat

By ACSH Staff — April 3, 2013

Statins are among the most widely prescribed drugs, but discontinuation rates are relatively high. A new study [1] in *The Annals of Internal Medicine* shows that in the large majority of cases where statins were stopped due to perceived adverse effects, the drug once re-started provoked no recurrent problems.

While statins are proven to save lives among patients who have had a cardiovascular event and have elevated levels of LDL-cholesterol, as well as among diabetics, nevertheless many people who would likely benefit from them discontinue them due to various effects perceived to be side-effects. A new study indicates that people who experience some of the minor side effects can generally safely resume statin therapy.

Researchers led by Dr. Zhang of Peking Union Medical College Hospital, Beijing, China, and Dr. Turchin of Brigham and Women's Hospital, Harvard Medical School, used electronic health records to explore statin discontinuations among patients in two Harvard-staffed hospital systems, and found that many patients who discontinue statins could tolerate them if rechallenged. The researchers retrospectively examined medical records of 107,835 patients who were prescribed a statin from 2000-2008, and found that 11,124 of them over 10 percent had discontinued use of the drug because of a side effect. But of that group, more than half started taking a statin again (although not necessarily the same one) and 90 percent of those who did were able to keep on the drug without untoward effects.

Dr. Turchin noted that the study shows that patients who have an adverse reaction to a statin, such as muscle aches or weakness, should try a different statin rather than just stop taking them altogether.

"In my own clinical experience, I have found that many patients report adverse reactions to statins, such as muscle pain, and then stop taking them, Dr. Turchin says. At the same time, we often find that patients who had previously stopped taking a statin because of these adverse reactions, are ultimately able to tolerate them again the second time around.

In an editorial [2] accompanying this study, Dr Scott Grundy, a renowned lipid expert based at the University of Texas Southwestern, Dallas, expressed his concerns that the current clinical guidelines generally assume lifetime use of statins once they are started, making little allowance for individual responses and perceptions. Such a "life sentence" can be disturbing for many people, even those with documented cardiovascular disease, who don't want to see themselves as bound to drug therapy "forever."

So while these new data do confirm high rates of discontinuation of statins, reassurances can be
given to most patients that they should expect to be able to tolerate the drugs in the long term if they are rechallenged. It is to be expected that many patients blame the medications for various side effects, a natural tendency.

"At least one-half of patients referred to the lipid clinic at my institution for statin intolerance have symptoms that are clearly unrelated to the drug," writes Grundy. "Even so, many patients cannot be convinced that statins are not the problem."

Still, "bona fide intolerance" is a real phenomenon, he adds, saying that 5% to 10% are intolerant to the drugs while approximately 10% to 20% have statin-associated muscle problems. The highest priority for statin adherence remains in patients with established cardiovascular disease, the secondary-prevention patient, as well as those with diabetes and chronic kidney disease.