

# A new review of statin therapy in primary prevention yields surprising results

By ACSH Staff — November 27, 2013



The current *JAMA*'s [Clinical Evidence Synopsis](#), [1] and an

accompanying editorial, strongly suggest what may amount to a sea-change in approaching prevention of the western world's leading killer, cardiovascular disease (CVD): heart attacks and strokes.

Dr. Fiona Taylor of the London School of Hygiene, and her colleagues affiliated with the Cochrane Database, published a meta-analysis comprising 18 CVD prevention trials including analysis of almost 57,000 patients (it is in fact an update of a 2011 study). The findings were simple, yet of utmost significance: statin prevention among patients free of CVD ie, primary prevention reduced all-cause mortality, all CVD incidence, coronary artery disease (CAD), and stroke, as well as coronary revascularization procedures, all by a highly significant proportion (14 percent reduction in mortality up to a 38 percent decline in procedures). Moreover, these major benefits occurred in the absence of significant drug-related adverse effects. Further illustrating the latter point, the fraction of active-treated patients who stopped therapy was equal to those who stopped placebo.

It has long been proven that statins reduce substantially the risk of future CVD events among patients who already had CVD primary prevention

. Indeed, the editorialist, Dr. Jennifer Robinson of the Iowa University College of Public Health, in her opus, [Accumulating Evidence for Statins in Primary Prevention](#), [2] referred to the consensus in the medical community that such primary prevention with statins was unsupported (or poorly supported), while citing concerns about cost, adverse effects, and a philosophical antipathy to perhaps unnecessary drug treatments. Meta-analyses now provide extensive evidence that statins reduce cardiovascular events and total mortality in individuals at lower risk of cardiovascular events than has previously been appreciated, and do so with an excellent margin of safety.

ACSH's Dr. Gilbert Ross had this perspective: I have been a fan of statins since Mevacor came down the pike in 1988. Having tried everything to lower my patients' lipid levels with minimal success from diet and other drugs, this was the harbinger of a miracle, so I thought. Now we have

so many excellent statins that most such therapy is accomplished cheaply with generics, and adverse effects continue to demonstrate that this is one of the safest, and most beneficial, classes of drugs we have seen. I am glad to see this large meta-analysis confirmed or at least lends strong support to my beliefs as well as to ACSH's publication on this subject, [The Chemoprevention of Coronary Heart Disease](#).<sup>[3]</sup> Although about 10 years old now, it still rings true (as do most of our vintage publications!).

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[1]

[http://jama.jamanetwork.com/article.aspx?articleID=1785551&utm\\_source=Silverchair%20Information%20System](http://jama.jamanetwork.com/article.aspx?articleID=1785551&utm_source=Silverchair%20Information%20System)

[2]

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[3] <http://acsh.org/2002/03/chemoprevention-of-coronary-heart-disease/>