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STATINS AND THE LAW OF DIMINISHING RETURNS



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PRESCRIBING STATINS FOR PEOPLE IN THEIR MID-60S AND BEYOND WHO HAVE NOT HAD A CARDIOVASCULAR EVENT IS NOT JUSTIFIED, RESEARCH SUGGESTS.

A study has found that pravastatin for primary prevention does not save more lives or prevent more coronary events than usual care in adults over 65.

Researchers did a post hoc analysis of data from the 20-year old ALLHAT study, which randomly assigned pravastatin or usual care to almost 3,000 patients without cardiovascular disease.

At the start, all participants had moderate hyperlipidemia and hypertension, but did not have atherosclerotic cardiovascular disease. After six years, around 80% of patients assigned to pravastatin were still taking it.

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Deaths, coronary events, strokes, heart failure and cancer rates were similar across the two treatment groups.

For patients aged 65 to 74, there were 141 deaths in the pravastatin group compared with 130 deaths in the control group.

In patients 75 or older, there was, in fact, a slight but fortunately non-significant increase in mortality in the group taking pravastatin.

“What that says to me is that we need to be judicious about who we give these medications to,” said Dr Chris Alderman, a specialist clinical pharmacist and adjunct associate professor at the University of South Australia.

“If your patient is 90 and they have never had a stroke or a heart attack and their cholesterol is not markedly abnormal, then the question would be: what are we offering to this person? Do the potential benefits get outweighed by the risks?”

Statins were not without adverse effects, which could include cognitive impairment and muscle weakness, said Professor Alderman.

Yet inappropriate statin use in Australia is rife.

In research presented at the first national meeting on the Choosing Wisely initiative earlier this year, Professor Alderman showed that almost 30% of residents in aged care facilities were taking a statin.

The study showed one in five were taking statins for primary prevention. In addition, one in three patients of these patients was aged over 90 years of age.

Professor Alderman said doctors needed to challenge “set and forget” prescribing, where older patients were kept on drugs that were no longer providing benefit.