

Internal Medicine News

AHA: Statins Associated with High Degree of Safety

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The benefits of Statins highly offset the associated risks in appropriate patients, according to a scientific statement issued by the American Heart Association.

“The review covers the general patient population, as well as demographic subgroups, including the elderly, children, pregnant women, East Asians, and patients with specific conditions,” wrote Connie B. Newman, MD, of New York University, and her colleagues.

After an extensive review of the literature pertaining to statin safety and tolerability, the researchers reported the compiled findings from several randomized controlled trials, in addition to observational data, where required. They found that the risk of serious muscle complications, such as rhabdomyolysis, attributable to statin use was less than 0.1%. The risk of serious hepatotoxicity was even less likely, occurring in about 1 in 10,000 patients treated with therapy

“There is no convincing evidence for a causal relationship between Statins and cancer, cataracts, cognitive dysfunction, peripheral neuropathy, erectile dysfunction, or tendinitis,” they wrote. “In US. clinical practices, roughly 10% of patients stop taking a statin because of subjective complaints, most commonly muscle symptoms without raised creatine kinase.”

Contrastingly, data from randomized trials have shown that the change in the incidence of muscle-related symptoms in patients treated with Statins versus placebo is less than 1%. The incidence is even lower, with an estimated rate of 0.1%, in those who stopped statin therapy because of these symptoms. Given these results, Dr. Newman and her colleagues said that muscle-related symptoms among statin-treated patients are not due to the pharmacological activity of the statin.

Restarting statin therapy in these patients can be challenging, but it is important, especially in patients at

high risk of cardiovascular events, for whom prevention of these events is a priority.”

They noted that statin therapy may slightly increase the risk of diabetes, especially in people who already have risk factors for it. But the absolute risk of new patients being diagnosed with diabetes due to statin use in major trials has been 0.2% per year.

Many patients take statins to lower the risk of major cardiovascular events such as ischemic stroke, MI, and other adverse effects of cardiovascular disease. At maximal doses, statins may decrease LDL cholesterol levels by 550/0-600/0. Given the multitude of available generics, statins are an economical option for most patients.

As for statin therapy in patients with end-stage renal failure or severe hepatic disease, starting treatment is not recommended.

“The lack of proof of cardiovascular benefit in patients with end-stage renal disease suggests that initiating statin treatment in these patients is generally not warranted,” they wrote. “Data on safety in people with more serious liver disease are insufficient, and statin treatment is generally discouraged.”

With respect to statin-induced adverse effects, they are usually reversible upon discontinuation of therapy, with the exception of hemorrhagic stroke. However, damage from an ischemic stroke or MI may result in death. As a result, in patients who would benefit from statin therapy, based on most recent guidelines, cardiovascular benefits greatly exceed potential safety concerns.

The researchers disclosed ties with Amgen, Kowa, Regeneron, Sanofi, and others.

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