
Are we underestimating the risks of statins?



According to a new study published in the Annals of Internal Medicine, the 10-year risk thresholds that are used in guidelines to prescribe statins for the prevention of heart disease could be too low.

The study authors argue that while current guidelines consider the benefits of statins, they fail to take into account the potential risks that could be associated with these drugs. The authors also point out that the benefit/harm ratio tends to vary according to age, gender and the type of statin used but the guidelines do not take these factors into consideration.

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During their analysis, the study investigators showed that statins provide a net benefit starting at a CVD risk of 14% for men between the ages of 40 to 44, but this risk increased to nearly 21% for men aged 70 to 75 years. Similarly, the CVD risk was at 17% for women aged 40 to 44 years and increased to 22% for women aged 70 to 75. The most favourable benefit-harm ratio was observed with atorvastatin followed by rosuvastatin among young adults with medium or low risk of CVD.

While these findings in no way suggest that statins should not be used in patients who might be at risk of CVD, they do suggest that a closer evaluation of benefit-risk ratio is important when prescribing statins to individual patients.

Statins are effective in reducing the risk of CVD events, but it is important to quantify the risks as well. In fact, if further studies are undertaken to study the harms of statins, it might even be possible to prove that there is an unnecessarily negative perception about these drugs.

It would be wrong to dismiss the guidelines altogether, but it is time to think about quantifying and evaluating the benefit-harm balance. Recommendations for the use of statins can then be made accordingly, and the implementation of the guidelines would be more effective once the questions associated with the risks of statins are answered.

In the end, it is up to the physician to look at the evidence and the patient history and risk profile and take the decision to prescribe or not to prescribe a statin. They need to make sure that the patient will benefit from the drug instead of simply prescribing them because the guidelines suggest it. If taking a daily dose of statin poses a risk for the patient, it might be time to rethink the decision to prescribe a statin to prevent something that might occur in the future but which might cause harm to the patient today.

Source: [Annals of internal Medicine](#)

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