

Can it really be true that statins won't stop heart attacks?

By [Jerome Burne](#)

Confusing: A large number of people may be taking statins when the evidence of their benefit is conflicting

Confused about statins? Hardly surprising, when even the experts seem to disagree.

Last week, a major report suggested that if you hadn't had a heart attack or a stroke, taking one of the cholesterol-lowering drugs was probably a waste of time. That's because the chance of them preventing a heart attack was very small.

But other experts rejected the report by the respected Cochrane Library, saying it hadn't included the latest studies. 'The quality of the data showing the effectiveness and safety of statins is remarkably high,' argued Dr Colin Baigent of the Cholesterol Treatment Trialists' Collaboration in Oxford. 'We now have a very large database of patients that show clear benefits.'

There are just over two and a half million people living with heart disease in the UK and there's no doubt many will be benefiting from statins.

However, seven million Britons take them and the number is rising. While some of these people are at high risk of heart disease and may be helped by the drugs, several million others are taking them when the evidence for their benefits is conflicting.

And now to add to the confusion, an influential cardiology organisation known as The Joint British Societies is expected to announce even more people should be put on the drugs and given them earlier.

So who is right, why has it taken so long for these doubts to appear, and what else could you be doing? Good Health asks the experts.

I've never had a heart attack, do I need statins?

That depends on your age and how healthy you are. The latest report found little evidence that taking a statin would protect people from having a first heart attack unless their risk was high. This risk is calculated by your doctor according to a number of factors including your cholesterol levels.

But if you are female or over 65 and at low risk, the Cochrane review says it's even less clear. That's because most trials involve white, middle-aged males so the results don't necessarily apply to anyone else.

But some experts say that I should take them . . .

These experts were probably relying on studies that some people now say were flawed. This is because they included patients who already had heart problems — there's little doubt that statins help these patients, so their inclusion skews the results. Critics say you can't use this evidence to justify treating healthy people with statins.

The evidence for statins can also be made to seem more favourable than it really is. One technique used by drug companies is 'simply to not say very much about negative findings', says Dr Shah Ebrahim, senior author of the latest review.

The new report found little evidence that taking a statin would protect someone from a heart attack, unless they were in a high risk group

The Cochrane review, carried out by researchers from the London School of Hygiene & Tropical Medicine and the University of Bristol, closely analysed 14 controlled trials that involved 34,272 primary prevention patients — that is, people who'd never had a heart attack.

It found 'only limited evidence that primary prevention with statins may be cost-effective and improve patient quality of life'. The small size of the benefit is vividly illustrated by this fact: out of 1,000 primary patients taking a statin, only one death from heart disease would be avoided.

If benefits are that small then it becomes more important to balance them against the side-effects.

So what are the side-effects?

On the positive side, the review didn't find any evidence that the drugs cause some of the adverse reactions that people have worried about in the past, such as cancer, low mood or anger or increased deaths from violence or suicide.

But that still leaves quite a number that you have to weigh against a small benefit. Statins are well known to cause muscle problems, including muscle pain, fatigue and weakness. Estimates of how common they are vary widely — from 1 per cent to 20 per cent.

Other potential reactions include cataracts, acute kidney failure, and moderate or severe liver dysfunction, said to be rare. Recently the Medicines and Healthcare products Regulatory Agency warned about some additional risks — sleep disturbances, memory loss, sexual dysfunction, depression, and (very rarely) interstitial lung disease.

However the review points out that the trials don't give nearly enough information about side-effects. Over half the trials didn't report on adverse effects, and there has been no attempt to assess the risk of some potentially serious side-effects such as cognitive impairment or the risk of diabetes when cholesterol is lowered too much.

What if I'm only 'at risk' of a heart attack?

The Nice guidelines say that if you have some of the familiar risk factors for heart disease — are male and over 55 (65 for a woman), have high cholesterol, smoke or are overweight — which gives you a 20 per cent or more chance of a heart attack in the next ten years, you should be prescribed statins.

The Cochrane report doesn't change that advice. It says 'it is likely the benefits of statins with a raised risk of heart disease are greater than potential short-term harms', but warns: 'Long-term effects (over decades) remain unknown'.

Dr David Tovey, head of the Cochrane Editorial Unit, says: 'This report is a warning against expanding statin use further to people below that level of risk. [This expanded use] is not supported by existing evidence.'

So will GPs stop giving out so many statins?

Despite the latest research, your GP may well start prescribing more. That's because in a few months' time the Joint British Societies will issue new guidelines.

This will mean that instead of calculating your risk of heart attack within ten years, your GP will calculate it for your lifetime and start treating you as soon as possible.

But as the doctors' magazine Pulse recently warned, this means GPs faced with younger patients will inevitably reach for the statins. An editorial decries this 'latest step on the road to mass medicalisation'.

Are there other ways to protect my heart?

Last year Kausik Ray, professor of cardiovascular disease prevention at St George's, University of London, published a review that, like the Cochrane Review, also found - virtually no benefit from statins in primary prevention. He encourages patients to look at alternatives.

'The data is very clear that statins can save some lives,' he says. 'But we need to get better at predicting who is going to benefit.'

'GPs have been pushed into a tick-box culture that means you get statins if you have certain risk factors,' says Professor Ray.

'But ideally you should discuss concerns, like how to handle long-term issues such as side-effects. Statins are unlikely to kill you but they can affect your quality of life.'

'You may want to try other treatments such as the B vitamin niacin, which has proved effective in trials recently. There are lots of options.'

Several trials have shown that niacin can bring down the 'bad' LDL cholesterol and raise the 'good' HDL. It does have a brief flushing effect on the skin, which some people find unpleasant.

Omega 3 may help prevent coronary heart disease, according to a World Health Organisation report Both are available on the NHS.

Read more: <http://www.dailymail.co.uk/health/article-1350235/Can-really-true-statins-wont-stop-heart-attacks.html#ixzz1FBXOC9Vg>