

Statin Drugs: Overprescribed, Pose Unnecessary Health Risks

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Over the years I have been commissioned to deliver many wellness and lifestyle medicine lectures to employees of large companies, financial institutions, and legal and accounting firms in Canada and the United States. In conversations with the human resource directors of these corporate entities, they often tell me that a major financial drain on their respective employee health benefits plans is the cost of cholesterol-lowering statin drugs.

A 2012 report showed that 32 million Americans are prescribed a [statin drug](#) - a drug one takes daily for the rest of their life.¹ As reported in October 2012 by Glenn D. Braunstein, MD, chairman of the Department of Medicine at Cedars-Sinai, one in four Americans older than age 45 is presently taking a statin drug. "As people age, odds increase they will take one of the drugs; some 36 percent of women ages 65 to 74 take a statin and a full 50 percent of men in that age bracket take one of these prescription drugs aimed at lowering their cholesterol."²

Statins Shown to Prevent Second Heart Attack

There is solid evidence that if a person has suffered a heart attack or stroke, or has advanced atherosclerosis (narrowing of the artery with calcified plaque), statin drugs help reduce the risk of a future cardiovascular incident.² However, in patients who do not have advanced atherosclerosis and no previous history of a heart attack or stroke, these drugs may be unnecessary and may do more harm than good, according to recent evidence. For example, the Johns Hopkins-led Multi-Ethnic Study on Atherosclerosis (MESA)³ gives clear evidence that statin drugs are overprescribed and not required in many cases in which doctors have been instructed to prescribe them.

Ineffective at Preventing Heart Attack and Stroke



The MESA study selected candidates from a pool of 7,000 ethnically diverse adults, including African Americans, Chinese Americans, Caucasians and Hispanics, and were monitored at Johns Hopkins and five other medical centers in North America. The study selected the same types of patients who were followed in the much-cited JUPITER trial ("Justification for the Use of Statins in Primary Prevention: An Interventional Tool Evaluating Rosuvastatin," known to most people as Crestor), published in 2008, which focused on patients with a high c-reactive protein (CRP) blood reading. (High CRP suggests inflammation in the blood vessel wall and is considered to be a risk factor for heart attack.) The JUPITER study showed that Crestor reduced the risk of heart and

stroke in this population of patients.

The MESA study showed, however, that only patients with advanced atherosclerosis demonstrated any clear benefit from the use of a statin drug. Researchers of the MESA study point out that promoting statin drugs as "preventive therapy" for future heart attacks in healthy men and women who don't already have artery-clogging calcium deposits is just bad medicine. They caution against the overprescribing of statin drugs because these drugs can cause hyperglycemia (an increase in blood sugar levels) and increase the risk of type 2 diabetes.

New Label Warning for Statin Drugs

A 2012 warning on the label of statin drugs imposed by the FDA indicates they can also cause [memory loss](#).² The new label warning was imposed because post- marketing surveillance shows that statin drugs can cause memory loss, memory impairment, and/or confusion (occurring anywhere from one day after initiation of the statin to years after initiation) and is not age-specific, as it occurs across a range of age groups. The new label also tells patients who experience fatigue, loss of appetite, dark urine, upper stomach pain or jaundice to notify their doctor immediately, as these symptoms can indicate the onset of a life-threatening kidney problem (rhabdomyolysis). As well, as many as 5 percent of people on statins develop serious side effects, such as muscle pain, and one in 255 individuals develops diabetes.⁴

Alternatives to Statins

The John Hopkins researchers highlight the fact that high cholesterol, along with most other cardiovascular risk factors, can be lowered in most people naturally by lifestyle changes such as exercise, a healthy diet and keeping weight under control. For individuals who have not yet had a heart attack or stroke, and do not have advanced-stage atherosclerosis (with calcification), the most prudent way to reduce cholesterol, without risk of side effects, is to follow a proper diet and lifestyle plan.²

I have routinely lowered patients' cholesterol, triglyceride and glucose (blood sugar) levels using a two-stage nutritional approach. In some cases, I add a natural cholesterol- and triglyceride-lowering supplement, which has none of the damaging side effects of statin drugs. If these methods fail to lower total cholesterol to below 200 mg/dL (5.2 mmol/L), then I believe a statin drug or bile acid sequestrant drug (e.g., cholestyramine) should be considered. However, my experience is that 90-95 percent of patients can get their blood cholesterol into the ideal range using simple dietary / lifestyle modifications and a natural supplement.

Many experts agree that statin drugs are overprescribed and that lifestyle modification is the most appropriate strategy for the majority of patients with high cholesterol.² Yet many doctors continue to prescribe statin drugs in these cases, instead of providing patients with an opportunity to lower cholesterol using simple and natural lifestyle changes. I predict that society will pay a significant price for the overprescribing of these drugs in people who don't really need them.

The risk is that the cumulative damage, over many years of daily statin drug use, may result in an escalation in the number of cases of memory loss and Alzheimer's disease, liver disease, kidney damage, muscle pain, muscle weakness and other problems. This has the potential to add up to a significant cost with respect to unnecessary human suffering. As such, I implore chiropractors and other complementary health practitioners to become more involved in the discussion about high cholesterol with patients, outlining the importance of lifestyle modifications as the first approach to achieving an ideal cholesterol reading in cases of primary prevention.

Reference

1. "Statin Drugs Are Overprescribed in Healthy People Who Have No Evidence of Heart Disease." NaturalNews.com.
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3. Post W, et al. The Multi-Ethnic Study of Atherosclerosis. Johns Hopkins Medicine, Heart and Vascular Institute.
4. Young S. "Statin Labels Will Come With New Safety Warnings." CNNHealth.com, March 5, 2012.

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