

Nearly 30 percent of adults over age 40 use a statin.¹ In fact, the American College of Cardiology and American Heart Association (ACC/AHA) recommends considering the use of a moderate or high intensity statin in patients with Atherosclerotic Cardiovascular Disease (ASCVD).² Additionally, the ACC/AHA recommend a statin in people ages 40-75 who have diabetes. Given how common statins are in treatment, it's not surprising that stories circulate about their harmful side effects. Here are a few of the most common misconceptions about statins and how you might talk about them with your patients.

## Statins are not needed for patients whose LDL is within normal range.

According to the American Diabetes Association guidelines, statins should be considered in all patients with diabetes above age 40 regardless of LDL levels.<sup>3</sup>

### Statins cause dementia.

A 2021 study published by the Journal of the American College of Cardiology found evidence that people who took statins were no more likely to develop dementia than people who did not.<sup>4</sup> There is mixed evidence that statins may decrease the risk of dementia, though it's by no means conclusive.

### · Statins cause muscle pain.

The actual percentage of muscle aches for people on statins is low, about one in 100, according to a study by the American Heart Association.<sup>5</sup> Fewer than one in 1,000 develop muscle damage. If a patient has muscle discomfort, a hydrophilic statin like pravastatin or rosuvastatin may be a better fit.

#### Statins cause diabetes.

According to a scientific statement from the American Heart Association, there is a "minimal risk" (0.2% per year) of developing diabetes while on statin therapy.<sup>6</sup> Because statins can prevent heart attacks and strokes, the benefits often outweigh this risk.

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# Statins cause risky drug interactions.

The statins that are most susceptible to drug interactions are simvastatin, lovastatin and atorvastatin. If needed, consider switching to a statin with fewer potential interactions, like rosuvastatin or pravastatin.

## Patient has Type 1 diabetes.

The American Diabetes Association and ACC/AHA guidelines recommended statin therapy for primary prevention of ASCVD events for both Type 1 and Type 2 diabetes.

 Statins do not work as well as natural supplements in controlling heart disease.
In a November 2002 study by the Cleveland Clinic, supplements such as fish oil, garlic, turmeric showed no effectiveness in treating heart disease in contrast to statins.

We hope this information can help you address patient resistance to adding statin therapy when appropriate.

<sup>&</sup>lt;sup>1</sup> Heart Disease and Stroke Statistics 2020 Update

<sup>&</sup>lt;sup>2</sup> 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease, Mar 17, 2019

<sup>&</sup>lt;sup>3</sup> The Role of Statins in Diabetes Treatment, August 01, 2013, Diabetes Spectrum, American Diabetes Association

<sup>&</sup>lt;sup>4</sup> Statin Therapy Not Associated With Cognitive Decline, Dementia in Older Adults, American College of Cardiology

<sup>&</sup>lt;sup>5</sup> Statin Safety and Associated Adverse Events: A Scientific Statement From the American Heart Association. June 2021

<sup>6</sup> Ibid