

# Discontinuing statins for patients with life limiting illness

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Discontinuing statin use in patients with late-stage cancer and other terminal illnesses may help improve patients' quality of life without causing other adverse health effects, according to a new study by led by researchers at the University of Colorado Anschutz Medical Campus and Duke University and funded by the National Institute of Nursing Research (NINR).

The finding, to be published in *JAMA Internal Medicine* on March 23, indicates that care for [patients](#) with advanced illness can be improved by discontinuing some therapies that are primarily preventive for other health concerns.

"There is an increasing evidence base that discontinuation of some therapies may be beneficial for selected patient populations," the authors write. Jean Kutner, MD, MSPH, professor of medicine at the University of Colorado School of Medicine, is the first author of the research study and Amy Abernethy, MD, PHD, of the Center for Learning Health Care at the Duke Clinical Research Institute, is the corresponding author.

Statins are among the most commonly prescribed medications in the United States with more than 25 percent of the nation's Medicare beneficiaries receiving [statin therapy](#). These medications are usually taken to lower cholesterol and reduce the risk of heart attack or stroke. The benefits of statins typically take two years to accrue.

The study evaluated 381 patients. About half of them discontinued

statins, while the other half continued the therapy. The average age of the patients was 74 years old and 48.8 percent of them had cancer. The median survival time for the entire study population was 219 days and the proportion of participants who died within 60 days was not significantly different between the groups that continued or discontinued statin therapy.

"If the results we report - improved quality of life, no significant differences in mortality, and modest cost savings - had been produced by a randomized clinical trial of a new drug in patients with advanced life-limiting illness, the trial would be heralded as a breakthrough and there would be discussion of how to speed access to this new drug," the authors write. "The same energy needs to be applied to determining when it is appropriate for physicians to discuss discontinuing statin therapy with their patients."

The study's results address significant concerns related to end-of-life health care. In the last year of life, the number of medicines increases by 50 percent, so reducing the number of medications may relieve the pill burden on some patients. Also, more than 80 percent of Americans are expected to die of chronic illnesses, primarily cardiovascular disease, cancer, dementia and chronic lung disease. Because statins are effective in primary prevention of cardiovascular disease, the number of patients on the therapy is expanding and it is frequently continued until the end of patients' life.

The authors say that their study should prompt physicians to discuss the uncertain benefit and possible harm of continuing statin therapy for people with life-limiting illness and functional decline.

"For patients with shorter life expectancy, greater concern about pill burden, and more comfort-oriented goals of care," the authors conclude, "physicians may endorse discontinuing [statins](#) as a means to reduce the

number of medications without apparent harmful effects on survival or quality of life."

Provided by University of Colorado Denver

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