

Even more people should benefit from statins, say Oxford researchers

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Cholesterol-lowering 'statin' drugs would be cost-effective if given to far

more people than current guidelines recommend, say Oxford researchers in a study published online by the *British Medical Journal*.

The costs of providing drugs to a wide range of people, even those with relatively low risk of heart attack or stroke, are outweighed by the savings made on treating such diseases, say researchers from the Health Economics Research Centre and the Clinical Trials Service Unit at Oxford.

Large trials have shown that lowering blood cholesterol levels with statins greatly reduces major vascular events, such as heart attacks and strokes, in people at high risk.

By far the largest such trial in the world, the heart protection study, was run by Clinical Trials Service Unit at Oxford University and involved 20,536 men and women with heart disease or diabetes. They were randomly allocated to receive either 40 mg simvastatin daily or a placebo for an average of five years. The study has shown that several years of statin treatment is cost-effective for a wide range of people with vascular disease or diabetes, with the cost of the drugs outweighed by the savings in treating disease.

Using data from the study, the researchers have now estimated the lifetime cost-effectiveness of 40 mg simvastatin daily for people in an even wider range of age and underlying vascular risk categories. The research team found that treatment with generic simvastatin would be cost saving for most of the age and risk categories included in the heart protection study. In other words, the reduced costs of hospital admissions as a result of fewer vascular events outweighed the increased costs of statin treatment in almost all of the categories studied.

Statin treatment was cost effective even in people as young as 35 and with an annual risk of a major vascular event as low as one per cent.

This is well below the risk threshold currently recommended by the National Institute for Health and Clinical Excellence (NICE).

Those on the heart protection study were randomly allocated to receive either 40 mg simvastatin daily or a placebo for an average of five years.

These new analyses indicate that, at current generic prices, lifelong treatment with simvastatin is cost saving or very cost effective for many more people than previously thought. Statin therapy should therefore be considered routinely for people across a wider age range and at lower risk of vascular disease than is currently the case, researchers suggest.

Source: University of Oxford

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