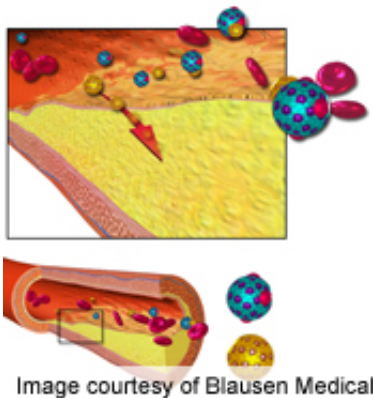


Cardio risks need evaluation before prescribing statins

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Physicians may not adequately consider a patient's cardiovascular risk when prescribing statins as preventive therapy, according to a research letter published online March 11 in *JAMA Internal Medicine*.

(HealthDay)—Physicians may not adequately consider a patient's cardiovascular risk when prescribing statins as preventive therapy, according to a research letter published online March 11 in *JAMA Internal Medicine*.

Michael E. Johansen, M.D., from University of Michigan in Ann Arbor, and colleagues anonymously surveyed 750 physicians selected randomly from a nationally representative sample of U.S. physicians from the American Medical Association Physician Masterfile. There were an equal number of family medicine, cardiology, and general internal

medicine physicians in the sample. Six vignette-style questions involving patients without [coronary heart disease](#) and different baseline risks were included in the survey, with vignette numbers three to six including patients who had attempted [lifestyle modifications](#).

The researchers analyzed 202 usable, returned samples. They found in vignettes one and two that when a woman with diabetes had higher levels of low-density lipoprotein cholesterol (LDL-C) (120 versus 88 mg/dL), statin therapy was recommended significantly more often (94 versus 40.2 percent). In vignettes three and four, significantly more [health care providers](#) treated a low-risk (LDL-C level of 180 mg/dL) 40-year-old man with well-controlled hypertension (88.9 percent) compared with a low-risk 50-year-old women (73.5 percent). In vignettes five and six, with hypertensive, tobacco-using patients, similar treatment rates were recommended to a 75-year-old man (LDL-C level of 140 mg/dL) compared with a 50-year-old woman (LDL-C level of 145 mg/dL). There were no differences in responses by clinical specialty.

"Overall, our study suggests that physicians may not adequately consider a patient's [cardiovascular risk](#) when prescribing statins in primary prevention," the authors write.

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