

Low-dose statins good option for some heart patients, study finds

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When combined with other cholesterol-lowering treatments, they could be as good as high-dose statins alone.

(HealthDay)—A new analysis suggests that people at high risk for heart disease who can't take high-dose statin drugs to lower their cholesterol might benefit from a treatment combination that includes taking a low-dose statin.

Scientists at Johns Hopkins reviewed published research to compare the benefits and harms of a lower-intensity statin when combined with one of several other [cholesterol](#)-lowering treatments in adults at high risk for [heart disease](#).

Study author Dr. Kimberly Gudzone said combining a low-dose statin with either a so-called bile acid sequestrant or Zetia (ezetimibe)—both

of which are medications that also work to lower cholesterol levels—lowered "bad" (LDL) cholesterol. Taking a high-dose statin by itself also lowered LDL levels.

"At least in the short term, this strategy seems to be as effective as the high-dose statin alone, although there were two major caveats: We don't know much about side effects and we don't know about long-term effectiveness," said Gudzone, an assistant professor of medicine at Johns Hopkins.

She also said the researchers were not able to draw conclusions about mortality or [heart](#) problems such as heart attacks.

There was not enough evidence regarding LDL cholesterol reduction when it came to using a low-dose statin with fibrates, niacin or omega-3 fatty acids, Gudzone said. Fibrates can lower levels of blood fats known as triglycerides and can sometimes raise levels of "good" (HDL) cholesterol.

The review was published online Feb. 10 in the journal *Annals of Internal Medicine*.

The American College of Cardiology and the American Heart Association cholesterol guidelines recommend moderate- or high-intensity statin therapy for people whose medical conditions or [cholesterol levels](#) put them at risk for heart disease—the leading cause of death for both men and women in the United States.

But some patients don't respond to high doses of statins and some suffer from side effects, including muscle pain, Gudzone said.

"It doesn't happen infrequently that patients come in and say, 'I'm having muscle pains on this statin,'" she said. "So we wanted to review the

literature and help shed a little bit of light on it for those patients."

Gudzune said they aren't yet sure of the long-term benefits of combining low-dose statins and other medications.

"Unfortunately, we weren't really able to examine the risk for [heart] events like heart attacks or strokes," she said. "We aren't sure if it translates into decreased [heart] risk."

Dr. Chip Lavie is medical director of cardiac rehabilitation and preventive cardiology at the John Ochsner Heart and Vascular Institute in New Orleans.

"This is a nice paper," Lavie said. "But I suspect that many clinicians ... already know that a lower-dose statin combined with a second lipid agent—most know this best with ezetimibe—produced at least similar but probably slightly better [results] ... compared with lower-dose statins alone."

Based on the most recent guidelines, Lavie said, doctors should try to get patients to tolerate the proven therapies before resorting to other less proven "but potentially very effective treatment approaches."

More information: Visit the [American Heart Association](#) for more on cholesterol.

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