

Anticholesterol rosuvastatin not associated with reduced risk for fractures

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Treatment with the anticholesterol medicine rosuvastatin calcium did not reduce the risk of fracture among men and women who had elevated levels of an inflammatory biomarker, according to a report published online by *JAMA Internal Medicine*.

Fractures resulting from the bone-weakening disease osteoporosis are a burden facing an aging population. Cardiovascular disease (CVD) and osteoporosis may share common biological pathways with inflammation key to the development of atherosclerosis (hardening of the arteries) and possibly the development of [osteoporosis](#). Several studies suggest statin users may have a reduced risk of [fractures](#), while other studies find no association, according to the study background.

Jessica M. Pena, M.D., M.P.H., of Montefiore Medical Center and Albert Einstein College of Medicine, New York, and co-authors examined whether statin therapy reduced the risk of fracture in the JUPITER (Justification for the Use of Statins in Prevention: an Intervention Trial Evaluating Rosuvastatin) trial that enrolled 17,802 men (older than 50 years) and women (older than 60 years). Participants had inflammatory biomarker high-sensitivity C-reactive protein (hs-CRP) levels of at least 2 mg/L. Participants were divided equally in two groups: one group received 20 mg daily of rosuvastatin while the other received placebo.

There were 431 fractures reported during the study with 221 fractures among participants who took rosuvastatin compared with 210 fractures

among individuals who received placebo, according to the study results. The incidence of fracture in the rosuvastatin group was 1.20 per 100 person-years and in the placebo group 1.14 per 100 person-years. Overall, higher baseline hs-CRP level was not associated with an increased risk of fracture.

"Our study does not support the use of statins in doses used for [cardiovascular disease](#) prevention to reduce the risk of fracture," the study concludes.

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