

# Discontinuing statin therapy for patients with life-limiting illnesses is found safe and beneficial

March 27 2015

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Maryjo Prince-Paul, an assistant professor of nursing from Case Western Reserve University's Frances Payne Bolton School of Nursing, and other researchers in palliative care can now answer questions from patients with terminal illnesses about stopping statin medications.

Research published today in the *JAMA Internal Medicine* article, "Safety and Benefit of Discontinuing Statin Therapy in the Setting of Advanced, Life-Limiting Illness A Randomized Clinical Trial," provides Prince-Paul, other [palliative-care](#) nurses and health-care providers with the first scientific evidence that it's okay for [patients](#) with cancer, heart disease and other life-limiting illnesses to stop taking statin medications, or at least begin conversations about making that choice.

Prince-Paul, PhD, APRN, ACHPN, FPCN, was among a team of doctors, palliative-care nurses, social workers and statisticians from 15 Palliative Care Research Cooperative Group member sites nationally that recruited and collected data for the major National Institute of Nursing Research-funded study. Researchers at the University of Colorado Anschutz Medical Campus and Duke University were the principal investigators on the project.

Statins, used to control cholesterol and reduce the risk of heart attack and stroke, are among the most commonly prescribed medications in the country. About 25 percent of Medicare patients have prescriptions for

the medication.

"Some have been taking this medication for years. We need these kinds of evidence-based studies to guide our conversations with patients in order for them to make meaningful decisions about their care," Prince-Paul said.

She explained that many patients with life-limiting illnesses take 15 or more drugs, which are expensive. But some question whether patients diagnosed with a limited time to live really need to take the medication.

The study analyzed the outcomes of 381 patients, who had received a prognosis that they would live from one month to one year. They had an average age of 74. Nearly half had cancer.

The participants were divided into two groups. One group continued taking the statins; the other did not. Of the 381 participants, 212 survived beyond 60 days of when the study began. There was no significant difference between the death rates of those who continued taking the statin (20.3 percent), compared to those who didn't (23.8 percent).

The researchers also analyzed the cost savings of discontinuing statins in such situations, both individually and nationally.

The researchers estimated that the 212 surviving participants would save \$3.37 daily for statin medications, or \$716 each, over the trial period. Based on those costs, the annual savings nationally in 2014 would have been \$603 million (or \$529 million for a generic brand of statin), researchers concluded.

The authors wrote that the same energy used to launch new drugs to improve the quality of life for their patients should be applied to

discussing the discontinuation of statin therapy with their patients.

The investigation was among the first to study whether a medication impacts the length and quality of life for people in their final days, Prince-Paul said.

**More information:** "Safety and Benefit of Discontinuing Statin Therapy in the Setting of Advanced, Life-Limiting Illness: A Randomized Clinical Trial" *JAMA Intern Med.* Published online March 23, 2015. [DOI: 10.1001/jamainternmed.2015.0289](https://doi.org/10.1001/jamainternmed.2015.0289)

Provided by Case Western Reserve University

Citation: Discontinuing statin therapy for patients with life-limiting illnesses is found safe and beneficial (2015, March 27) retrieved 3 May 2024 from <https://medicalxpress.com/news/2015-03-discontinuing-statin-therapy-patients-life-limiting.html>

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