

Primary prevention use of statins increases among the oldest old

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The use of statins for primary prevention in patients without vascular disease older than 79 increased between 1999 and 2012, although there is little randomized evidence to guide the use of these cholesterol-lowering medications in this patient population, according to a research letter published online by *JAMA Internal Medicine*.

Michael E. Johansen, M.D., M.S., of Ohio State University, Columbus, and Lee A. Green, M.D., M.P.H., of the University of Alberta, Canada, investigated the use of [statins](#) among this population by vascular disease because the very elderly have the highest rate of statin use in the United States, according to the study.

The authors analyzed data from the 1999-2012 Medical Expenditure Panel Survey, which is nationally representative of the general population each year. The analysis included all individuals older than 79. Primary prevention was defined as individuals without vascular disease (coronary heart disease [CHD], stroke or [peripheral vascular disease](#)). Secondary prevention was defined as individuals with vascular disease, which increased in 2007 after questions regarding CHD and stroke were asked more frequently. The study sample included 13,099 individuals.

The authors found rates of vascular disease in the [population](#) increased from 27.6 percent in 1999-2000 to 43.7 percent in 2011-2012. The rate of statin use among individuals taking them for [primary prevention](#) increased from 8.8 percent in 1999-2000 to 34.1 percent in 2011-2012, according to the results.

The authors note the proportion of patients using atorvastatin peaked in 2005-2006 and then steadily declined, while the proportion using simvastatin was steady until 2007-2008 when it started to rise. The percentage of statin users taking rosuvastatin steadily increased after its introduction, the author report.

"Although the medical community has embraced the use of statins for primary prevention in the very elderly, caution should be exercised given the potential dangers of expanding marginally effective treatments to untested populations," the authors conclude.

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