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Better preparation from physicians will help patients stay on statins

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What's the best way to get heart patients to properly use statins?

It may be as simple as upfront conversations between physicians and patients, says Dylan Steen, MD, assistant professor and director of clinical trials and population health research at the University of Cincinnati Division of Cardiovascular Health and Disease.

"Time needs to be spent discussing why the medicine is being taken, for how long it should be taken and what the research shows in terms of side effects, safety and effectiveness. The results of medication adherence literature are consistent. Our patients want to be educated and to have an opportunity to ask questions," says Steen, who is a member of the UC Heart, Lung and Vascular Institute.

"If a patient has to stop for some reason, we need to come up with a plan for when the statin will be restarted or at least have a discussion about restarting," he says. "There are a lot of things that distract us during a patient care visit, but these discussions are really where we need to invest our time. It is important to remember that high-intensity statins, requiring only a single daily pill, are the most effective pharmacologic therapy available to modify the natural history of atherosclerotic disease and reduce adverse cardiovascular outcomes."

Steen, a UC Health cardiologist who sees patients at UC Medical Center, discussed his views on statin use at the European Society of Cardiology Congress in London Aug. 29 through Sept. 2, 2015.

He and French researcher Jean Ferrieres, MD, of Toulouse University School of Medicine, presented the poster, "Statin Utilization and Low-Density Lipoprotein Cholesterol Goal Attainment in Patients at Very High Cardiovascular Risk: Insights from a French General Practice Population."

Steen, Ferrieres and their colleagues looked through a 2013 database of 1.8 million medical records to derive the study sample of 30,000 French patients who had at least one of the following indications for statin therapy: recent acute coronary syndrome (ACS within one year), stable coronary heart disease (CHD), ischemic stroke, peripheral arterial disease (PAD) and/or type II diabetes mellitus (DMII).

Researchers found that in their large cohort, statin use for the following hierarchical indications was 75 percent in recent ACS, 67 percent in stable CHD, 62 percent in ischemic stroke, 64 percent in PAD and 49 percent in DMII. In the recent ACS group, 43 percent of those on statins were on a high-intensity statin. For both stable CHD and ischemic stroke, this was about 20 percent.

Less high-intensity statin use was found for PAD and DMII. Of those not receiving current treatment with a statin, 77 percent had no evidence of statin use in the entire two-year baseline period, suggesting that statin re-evaluation and re-challenge rates are low.

Steen says that in patients treated with high-intensity statins, LDL-C achievement

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