

New advice on who qualifies for cholesterol-lowering statins

December 22 2015, by Lauran Neergaard

Considering a cholesterol-lowering statin to prevent a heart attack? Deciding who's a good candidate requires calculating more than a simple cholesterol level.

A government task force says the popular medications will be of most benefit to some people ages 40 to 75 whose risk of cardiovascular disease over the next decade is at least 10 percent. But Monday's draft guidelines from the U.S. Preventive Services Task Force left some wiggle room, saying certain patients who aren't at quite as high a risk still might benefit and should weigh the pros and cons for themselves.

"The benefit from statins is going to be the largest in the people who are at the highest risk," explained Dr. Douglas Owens, a Stanford University professor and task force member.

The recommendations are similar to controversial 2013 guidelines from the American Heart Association and American College of Cardiology.

Here are some things to know about making the statin decision.

WHAT ARE STATINS?

Lipitor, Crestor, Zocor and other statins have been the standard treatment for lowering [cholesterol](#) for more than 20 years, working by curbing its production in the liver. Statins generally lower cholesterol levels by about 25 to 35 percent. They've long been recommended for

people who already have [heart disease](#). The bigger question is who should use them to prevent heart disease in the first place.

WHO SHOULD GET THEM

The task force said doctors should offer a statin to adults ages 40 to 75 who either smoke or have high cholesterol, suffer from high blood pressure or diabetes and also have at least a 10 percent risk of a [heart attack](#) or stroke over the next 10 years.

That's a complicated checklist. What if people meet all the criteria except the 10-year risk? Those whose 10-year risk is at least 7.5 percent might still benefit from a statin, but they should discuss it with their doctor and make their own decision, the task force concluded. (The most common side effect is muscle pain and damage.)

As for people over 75, the task force said there's not enough evidence to tell if they'd benefit from statins to prevent heart disease.

HOW TO CALCULATE RISK

The task force endorsed usage of an online calculator available through the American Heart Association's web site.

Doctors plug in information about the patient's age, sex, race and other health conditions in addition to the level of LDL cholesterol, the so-called bad kind. That's because recent research shows the combination of factors is particularly important—that someone who might not have qualified for statins on the basis of an LDL level alone could benefit if other factors raise their overall risk.

"We recommend that people between 40 and 75 have an assessment of their cardiovascular risk and that's not just triggered by your

cholesterol," Owens said.

WHAT OTHER GUIDELINES SAY

The 2013 guidelines from the [heart](#) association and college of cardiology recommended that doctors consider statins in people ages 40 to 75 whose 10-year risk is 7.5 percent or higher. Those guidelines were controversial because they made millions more Americans eligible for [statins](#) than older recommendations that focused more on [cholesterol levels](#).

While Monday's [task force](#) conclusion was that people at higher risk get more benefit, the two sets of advice are consistent, said American Heart Association spokesman Dr. Donald Lloyd-Jones of Northwestern University.

Monday's recommendations are open for public comment through January 25.

Online: my.americanheart.org/professionals/7698_SubHomePage.jsp

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