

Should older people without cardiovascular disease take statins?

November 14 2016, by Sarah Willey

While many Americans take statins to protect their heart health, a *JAMA* Viewpoint article published today by a nationally recognized geriatrics researcher from UMass Medical School and two Kaiser Permanente cardiovascular researchers addresses the pressing need to develop a better understanding of the long-term benefits and potential risks for the millions of older Americans who are taking statins to prevent heart attacks and strokes.

"Though statins can be effective in preventing heart disease, we need to pay attention to the increasing numbers of people who are prescribed these drugs in late life," said Jerry Gurwitz, MD, the Dr. John Meyers Professor of Primary Care Medicine and professor of medicine and family medicine & community health. "While compelling evidence supports statins for secondary prevention in individuals over 75 years of age with clinical [atherosclerotic cardiovascular disease](#), information on the benefits and risks of statin therapy for primary prevention in this population is extremely limited."

Dr. Gurwitz, Stephen Fortmann, MD, senior investigator at the Kaiser Permanente Center for Health Research, and Alan Go, MD, chief of cardiovascular and metabolic conditions research at the Kaiser Permanente Northern California Division of Research, co-authored the article in a special edition of *JAMA* on statins.

The authors point to a [risk calculator](#) tool recommended by the American College of Cardiology and American Heart Association in

2013 for predicting a person's chance of experiencing cardiovascular problems. In a 2016 study, Dr. Go and collaborators at the Kaiser Permanente Northern California Division of Research studied more than 307,000 middle-aged men and women of various ethnic groups who did not have a history of diabetes, previous heart problems or were not taking cholesterol lowering drugs. They compared how well the calculator predicted their risk of a life-threatening heart event.

"The calculator overestimated the risk of heart problems up to five and six times," Go said. "That means that many people prescribed statins in clinical practice may not necessarily benefit significantly from taking them, suggesting that this risk calculator may not be the best tool to use in making decisions about treatment."

According to Gurwitz, the risk calculator suggests that every person above age 75 to 79 should be taking statins, regardless of other risk factors for [heart](#) disease.

"We need to conduct a randomized clinical trial of [statins](#) in older patients without [heart disease](#) to finally understand the balance between benefits and risks," Dr. Fortmann said.

Provided by University of Massachusetts Medical School

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