

Statins may help people with COPD live longer

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(HealthDay)—Drugs known as statins may have benefits beyond

lowering "bad" LDL cholesterol levels. A new study suggests people with chronic lung disease who take these drugs may extend their survival.

The study from Canada included nearly 40,000 people with chronic [obstructive pulmonary disease](#) (COPD). One in five patients was taking a statin, and those individuals had a 21 percent lower risk of dying from any cause, and a 45 percent reduced risk of dying from lung-related issues, the researchers found.

This study comes on the heels of a separate large-scale investigation that found no link between statin use and the number of COPD exacerbations people experienced.

"While evidence from a recently completed [randomized controlled trial] suggested that statin use is of little benefit to COPD patients, this population-based analysis showed that statin use reduced all-cause mortality among COPD patients," wrote the study authors led by Adam Raymakers, from the University of British Columbia.

Although statins appeared to give people with COPD a survival benefit, the new study wasn't designed to prove a definitive cause-and-effect relationship.

Chronic obstructive pulmonary disease includes progressive lung diseases such as emphysema and chronic bronchitis, according to the COPD Foundation. Symptoms include increasing breathlessness, tightness in the chest, coughing and wheezing.

The most common causes for these conditions include smoking and exposure to secondhand smoke. Workplace exposure to chemicals and fumes and genetics may also contribute to COPD.

It's the third leading cause of death in the United States, according to the

U.S. National Heart, Lung, and Blood Institute. Approximately 16 million Americans have been diagnosed with the condition, but many people may have it without knowing it.

Raymakers and his team noted that it's long been known that people with COPD have inflammation in their lungs. However, it's also possible that people with COPD—or at least some of them—may have inflammation throughout their body. Inflammation is thought to play a role in many illnesses, including heart disease.

The participants were age 50 and older from British Columbia. The researchers identified people as having COPD if they had received at least three prescriptions for COPD medications in a 12-month period.

The study team then looked to see who was also taking a statin within a year of being labeled as having COPD. Almost 20 percent had received at least one statin prescription.

The researchers adjusted the data to account for a number of factors including age, sex, income and place of residence.

There were almost 1,450 deaths during the one-year study period.

The findings were published Sept. 7 in the journal *Chest*.

Dr. Robert Reed, an associate professor at the University of Maryland School of Medicine, co-authored an accompanying editorial. "Although this is not a perfect paper, it's really well done, and it showed this benefit to mortality," he said.

Reed noted that some in the study may not have had COPD.

"They took people who hadn't been on an inhaler the year before who

now had a cough or shortness of breath. That could be a lot of things. They almost certainly had some late-onset asthmatics. People may have even been short of breath for cardiac reasons," he explained.

"People with COPD have more [cardiovascular disease](#), and treating comorbid [coexisting] conditions can really help out. The survival benefit may not be unique to COPD, but it was a pretty significant [survival benefit](#) for people with COPD," Reed said.

Dr. Len Horovitz, a pulmonary specialist at Lenox Hill Hospital in New York City, said that although study participants got a prescription for statins, it doesn't necessarily mean they took the drugs.

"There might be a subset of COPD patients who might benefit from statin use who don't need a statin for cardiovascular reasons, but the heart and lungs are intertwined, and it's hard to tease out someone with COPD who doesn't have risk factors for cardiovascular disease," Horovitz said.

Because most [people](#) with COPD are smokers or former smokers, he said, most also have cardiovascular disease. "And that cardiovascular [disease](#) is usually reason enough to prescribe the [statin](#)," he added.

More information: Robert Reed, M.D., associate professor, University of Maryland School of Medicine, Baltimore; Len Horovitz, M.D., pulmonary specialist, Lenox Hill Hospital, New York City; Sept. 7, 2017, *Chest*

Learn more about chronic obstructive pulmonary disease from the [COPD Foundation](#).

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