Between 2002 and 2013 in the United States, nonstatin drug use increased by 124%, resulting in a 364% increase in nonstatin-associated expenditures, Yale researchers found. This study was published on Jan. 22, 2018 in the *Journal of the American Heart Association*. 
While statin drugs remain the standard for reducing risk of atherosclerotic cardiovascular disease (ASCVD), the use of nonstatin lipid-lowering therapies has been relatively frequent, with nearly in 1 in 7 adults with ASCVD and one in 25 without ASCVD reporting non-statin use. Despite the weak evidence of benefit from non-statin use—and even some evidence for harmful effects of certain nonstatins—in 2012-2013 nearly 8 million adults reported using nonstatin drugs, which cost $8 billion dollars in that period, approximately $1.6 billion of which was paid out of pocket by patients.

The researchers noted that "current practices need to focus on established strategies such as maximizing statin doses in those with the highest risk and supplementing only with additional therapies in select cases that have demonstrated to impart clinical benefit." Furthermore, they said, their findings emphasize the "importance of ensuring outcome evidence to guide approval and adoption of future drugs to avoid risk of significant economic waste as noticed with majority of nonstatins in the past."

The researchers said they hope that these insights will guide pragmatic discussions among stakeholders for appropriate use of current and upcoming nonstatin lipid-lowering therapies that have shown clear clinical improvement of ASCVD management.


Provided by Yale University

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