Overall statin use for primary prevention increased since 1999 to 2000 but has plateaued since 2013 to 2014, according to a research letter published online Dec. 5 in the *Annals of Internal Medicine*.

Casey J. Kim, M.D., from the Beth Israel Deaconess Medical Center in Boston, and colleagues describe trends in statin use for primary prevention across indication categories and atherosclerotic cardiovascular disease (ASCVD) risk scores in a repeated cross-sectional study using data from the National Health and Nutrition Examination Survey from 1999 to 2018. Data were included for 21,961 adults,
representing a weighted population varying from 173.9 million in 1999 to 2000 to 215.5 million in 2017 to 2018.

The researchers found that 35.6% of the population had an indication for statin use for primary prevention. There was an increase from 11.6 to 33.6% observed in the proportion of guideline-eligible adults who reported receiving statins from 1999–2000 to 2013–2014. No change in statin use was seen between 2013 to 2014 and 2017 to 2018.

For adults newly recommended statins by the 2013 American College of Cardiology/American Heart Association guidelines, no change was seen in the proportion using statins between 2013 to 2014 and 2017 to 2018. For adults with diabetes and adults with ASCVD risk greater than 20%, increases were seen in the proportion using statins between 1999 to 2000 and 2013 to 2014 (31.1 and 23.1 percentage points, respectively), but not between 2013 to 2014 and 2017 to 2018.

"Novel efforts, informed by implementation science and targeting patients with the greatest risk, are urgently needed," the authors write.


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