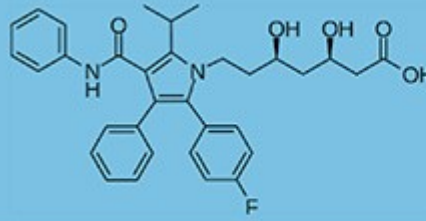


STATIN

NEWSLETTER



A CURATED WEEKLY OVERVIEW OF ALL STATIN PUBLICATIONS

Update week 23 & 24 - 2022

Dr. Peter Lansberg is a Dutch lipidologist, educator and innovator. He has been instrumental in setting up The Dutch National Lipid Clinic Network, the Dutch Lipid Clinic Criteria for Familial Hypercholesterolemia (FH), and the Dutch National FH screening program

The Statin Newsletter will keep you up-to-date with all recent statin publications. Based on a curated approach to select relevant articles.

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Key Publications

1. **Should we continue statins in elderly patients?**
2. **Exploring statin tolerability in n-of-1 trials**
3. **Review on safety of statins in reproductive age women**
4. **Statin intolerance - NLA statement**
5. **Benefits of statins in PAD patients - meta-analysis**

Statins “onboard” improve outcomes in elderly ACS patients

in elderly patients presenting with ACS. Of the 1192 patients included in this analysis, 531 (44.5%) used statins. Patients with statins “on board” were less likely to present with STEM in both primary- and secondary prevention patients. Peak CK-MB levels were lower in statin users vs. those who were not taking statins, 10 vs. 25 ng/mL respectively ($P < 0.001$) in primary and secondary prevention patients. All-cause in-hospital mortality for those categorized as secondary prevention statin users and taking statins, independent of other baseline variables. No mortality difference was noted for statin users vs. no-statin users in the primary prevention group. The authors conclude that pre-treatment statin use in elderly patients showed favorable outcomes, especially elderly patients with established ASCV

Toso A, Morici N, Leoncini M *et al.* **Association of statin pretreatment with presentation characteristics, infarct size and outcome in older patients with acute coronary syndrome: the Elderly ACS-2 trial.** *Age and ageing* 2022; 51. <http://www.ncbi.nlm.nih.gov/pubmed/?term=35716046>

N-of-1 trial successful in statin intolerant patients

statin-related side-effects are challenging to objectify. The N-of-1 trials are personalized statin trials where statin-intolerant patients are repeatedly crossed over between statin,

placebo, and in some studies, no pill. In this study, patients that discontinued statins were invited to participate. All patients had a behavioral intervention explaining the statin side effects as well as the nocebo effect. The control group consisted of 23 patients, and the intervention group had 73 patients. In the intervention arm, 28 used the unblinded medication, and 28 used the blinded tablets. The 6-month experiment was completed by 46 patients (77%); 22/28 (78%) in the unblinded arm and 23/28 in the blinded arm. Statins were restarted by 33/76 (45%) patients in the intervention group vs. 4/20 (20%) in the control group. The reported adverse events were similar on and off statins. The difference between the control and intervention groups was 24% (5-43%; P=0.041). No differences in successfully restarting statins were noted between the blinded and unblinded participants; 2% (-20% - 24%, p=0.86).

Howard J, Rajasundaram S. **Role of Blinding in N-of-1 Trials.** Circ Cardiovasc Qual Outcomes 2022; 15:e008914. <http://www.ncbi.nlm.nih.gov/pubmed/?term=35698975>

Tudor K, Brooks J, Howick J *et al.* **Unblinded and Blinded N-of-1 Trials Versus Usual Care: A Randomized Controlled Trial to Increase Statin Uptake in Primary Care.** Circ Cardiovasc

Can reproductive aged women use statins – Review on statins in pregnancy

During pregnancy, women are advised not to use statins and to stop statins three months before they discontinue ant-conceptive interventions. However, data are still inconsistent, and some even suggest maternal benefits, including its antioxidant, anti-inflammatory, and anti-thrombogenic properties and the ability to restore the balance between pro-angiogenic and anti-angiogenic factors in preeclampsia. Moreover, women at high risk for cardiovascular disease early in life could benefit from statins by slowing down the process of atherosclerosis. This review discusses current evidence on the potential harms and benefits of using statins by women during their reproductive age. Studies provide limited evidence due to their small sample size and short follow-up periods. Emerging evidence supports the role of pravastatin in pregnancy. However, we need to better assess the risk of early cardiovascular disease and acute progression of atherosclerosis before and during pregnancy to better understand the risks and benefits of statins.

Qual Outcomes 2022; 15:e007793. <http://www.ncbi.nlm.nih.gov/pubmed/?term=35698974>

Pham A, Polic A, Nguyen L, Thompson JL. **Statins in Pregnancy: Can We Justify Early Treatment of Reproductive Aged Women?** Curr Atheroscler Rep 2022; 24:663-670. <http://www.ncbi.nlm.nih.gov/pubmed/?term=35699821>

NLA statement on statin intolerance

Despite the burden of evidence accumulated over 35 years pointing out the efficacy of statins in reducing ASCVD risk and safety, statin intolerance remains a significant hurdle for long-term therapy with high-dose, high-intensity statins. In this review, three questions are addressed in great detail, 1. what is the new National Lipid Association definition of statin intolerance? 2. what is the prevalence of statin intolerance? 2. what is the evidence for using non-statin therapies to lower atherogenic lipoproteins to reduce adverse cardiovascular event risk? The article underlines the importance of recognizing and addressing modifiable risk factors for statin intolerance. The issue of the "nocebo" effect (patient expectation of harm resulting in perceived side effects) is explained, and how this concept can be used to improve patient's adherence to statins. To identify a tolerable statin regimen, it is recommended that clinicians consider using several different strategies (e.g., different statin, dose, and/or dosing frequency). This is of great importance in high-risk or very-high-risk patients; clinicians need not necessarily employ various unconventional dosing strategies before initiating non-statin therapy to limit the time of exposure to pro-atherogenic lipoproteins.

Cheeley MK, Saseen JJ, Agarwala A *et al.* **NLA scientific statement on statin intolerance: a new definition and key considerations for ASCVD risk reduction in the statin intolerant patient.** J Clin Lipidol 2022. <http://www.ncbi.nlm.nih.gov/pubmed/?term=35718660>

Meta-analysis confirming the benefits of (high)-intensity statins in PAD

Patients diagnosed with peripheral artery disease (PAD) are categorized as very high risk and should be treated with high-dose high-intensity statins. Despite the clear evidence of benefit, as directed in both the US and European guidelines, the majority of PAD patient's lipids are not- or inadequately managed. In this systematic review and meta-analysis, studies exploring the effects of statins in PAD patients. In total, 39 studies and 275,670 patients were included in this meta-analysis are included. Statins were used by 136,025 (49.34%) patients vs. 139,645 (50.66%) who were not on statins. Overall benefits in statin users were significantly improved.

All-cause-mortality was reduced by 42%, HR: (0.49–0.67, $p<0.01$); cardiovascular death by 43%, HR: 0.57(0.40–0.74, $p<0.01$); amputation-free survival by 56%; HR: 0.44 (0.30–0.58, $p<0.01$), and The risk of amputation and loss of patency were reduced by 35%, HR: 0.65 (0.41–0.89, $p<0.01$) and 46%, HR: 0.54 (0.34–0.74, $p<0.01$), respectively. The risk of MACE (-35%) and MI (-41%) were significantly reduced in statin users as well; HR: 0.65 (0.51–0.80, $p<0.01$) and aHR of 0.59 (0.33–0.86, $p<0.01$) respectively. Compared to low-intensity statins, the use of high-intensity statins resulted in a 32% lower total mortality, HR 0.64 (0.54-0.74, $P<0.001$). The findings of this meta-analysis confirm and underline the impressive benefits of survival and ASCVD events, including amputation and the preservation of vascular patency. Using high-dose, high-intensity statins is superior compared to low-intensity statins.

Sagris M, Katsaros I, Giannopoulos S *et al.* Statins and statin intensity in peripheral artery disease. *VASA. Zeitschrift fur Gefasskrankheiten* 2022; 51:198-211.
<http://www.ncbi.nlm.nih.gov/pubmed/?term=35673949>

Relevant Publications

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<http://www.ncbi.nlm.nih.gov/pubmed/?term=35689725>
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