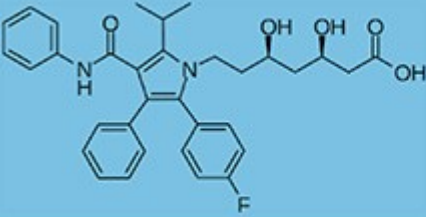


STATIN
NEWSLETTER



A CURATED WEEKLY OVERVIEW OF ALL STATIN PUBLICATIONS

Update week 19 & 20 - 2023

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. **Can we use statins in patients with NAFLD/NASH?**
2. **Statins differ in risk for rhabdomyolysis**
3. **Coronary artery spasm can statins help?**
4. **High intensity statins improve neurological outcomes in SSSI patients**
5. **Tool can help to predict SAMS**

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Can statins improve NASH?

This article reviews the diagnosis and management patterns of nonalcoholic fatty liver disease (NAFLD) and nonalcoholic steatohepatitis (NASH) in real-world settings. The study utilized a large database of over 2,000 NASH patients treated by 170 physicians across various specialties. The analysis revealed several key findings. Firstly, a relatively high proportion of patients (over 70%) underwent liver biopsy, which is greater than reported in other real-world settings. However, there was a trend among physicians to rely on non-invasive tests, such as imaging and blood tests, to diagnose advanced fibrosis (cirrhosis) rather than performing biopsies. The study also found that the utilization of non-imaging-based methods to assess liver fibrosis was highly variable, highlighting the potential benefit of disseminating and raising awareness of practice guidelines. Regarding treatment, since there are no FDA-approved therapies specifically for NASH, the management mainly involves lifestyle improvements and treating comorbidities. However, the study found that physicians commonly prescribed medications such as vitamin E, statins, and metformin for NASH treatment, despite limited evidence for their efficacy. The primary reason for prescribing these medications was weight loss, even though the proven effect on weight reduction varied. The study emphasized the need for consensus on standardizing non-invasive tests for NASH diagnosis and updating practice guidelines to improve the management of this growing epidemic. It's worth noting that the data in this study was collected in 2016 and 2017, and the findings may not reflect current diagnosis and treatment patterns. Additionally, the study focused on a subset of physicians highly engaged in NASH management, which may not represent the broader US population.

Clinical characteristics and management of patients with nonalcoholic steatohepatitis in a real-world setting: analysis of the Ipsos NASH therapy monitor database. [BMC gastroenterology_2023; 23:160](https://doi.org/10.1186/s12916-023-02316-0) Shelley K, Articulo A, Luthra R, Charlton M. <http://www.ncbi.nlm.nih.gov/pubmed/?term=37208593>

The risk of Rhabdomyolysis; comparing statins

The risk of rhabdomyolysis, is associated with seven types of statins using WHO's pharmacovigilance database, VigiBase®. Among the examined statins, simvastatin was identified as having the highest risk, especially in males above 74 years and in instances of drug interactions. This research is unique as it compares rhabdomyolysis risks across different statins using real-world data. Prior studies, such as clinical trials and network meta-analyses, did not find significant differences between individual statins regarding this adverse drug reaction. The researchers found that the risk factors for rhabdomyolysis included age, gender, drug interactions, and potentially certain health conditions. However, the study has limitations due to the lack of information on drug exposure duration or drug doses and the potential for reporting bias. The research suggests that pravastatin, due to its low risk, should be considered for patients at risk of rhabdomyolysis, thereby informing clinical practices and patient management.

Rhabdomyolysis and statins: a pharmacovigilance comparative study between statins. [Br J Clin Pharmacol 2023; Montastruc JL.](https://doi.org/10.1186/s12916-023-02316-0) <http://www.ncbi.nlm.nih.gov/pubmed/?term=37186323>

Meta-analysis on MACE reduction in CAS patients using statins

The article "Effect of Statins on Major Adverse Cardiovascular Events in Patients with Coronary Artery Spasm: A Meta-Analysis of the Asia Region" focuses on the impact of statins on patients with coronary artery spasm (CAS) in Asia. CAS, a disease involving localized spasms in coronary arteries, can lead to a variety of serious health complications. Despite statins' proven efficacy in reducing atherosclerotic vascular events, their impact on CAS is not entirely clear. The authors collected data from ten studies, covering 9333 patients, and found that statin use was associated with a significant reduction in major adverse cardiovascular events (MACE) in CAS patients. However, a trial sequential analysis indicated that the available samples were insufficient, necessitating further research. The results were especially significant among Japanese patients and patients followed for over four years. The paper concludes by acknowledging limitations in the meta-analysis, including the lack of randomized control trials and the small sample size, and calls for more

research to confirm the findings. The study overall suggests a potential therapeutic role for statins in CAS patients in Asia.

Effect of Statins on Major Adverse Cardiovascular Events in Patients with Coronary Artery Spasm: A Meta-Analysis of the Asia Region. *Cardiovasc Ther* 2023; 2023:8807278Zhao TJ, Luo D, Jiang X *et al.* <http://www.ncbi.nlm.nih.gov/pubmed/?term=37151221>

Early use of high intensity statins showed improved neurological outcomes after SSSI

Are there potential benefits of high-intensity statin therapy in preventing early neurologic deterioration (END) in patients with single small subcortical infarction (SSSI), also known as lacunar infarction. This study aimed to investigate the impact of statin therapy on END prevention and the outcomes of SSSI. The results of the study indicated that early administration of high-intensity statins within 72 hours of symptom onset was associated with a lower incidence of END in patients with SSSI. The study suggests that statins may have a preventive effect on atherosclerosis, inflammation, and plaque stabilization, which are hypothesized mechanisms in the development of END in SSSI. The findings highlight the importance of early treatment with high-intensity statins in improving outcomes for patients with SSSI. Lower rates of END were significantly associated with favorable outcomes in this study.

However, the study has several limitations, including its retrospective nature, single-center design, and inclusion of patients with different SSSI mechanisms. Further randomized clinical trials are needed to validate the findings. Overall, the study suggests that early administration of high-intensity statins within 72 hours could be a potential treatment strategy to improve outcomes in patients with SSSI.

Impact of High-Intensity Statin on Early Neurologic Deterioration in Patients with Single Small Subcortical Infarction. *Journal of clinical medicine* 2023; 12Jang SH, Park H, Hong JH *et al.* <http://www.ncbi.nlm.nih.gov/pubmed/?term=37176701>

Algorithm to predict risk for statin related myopathy

This scientific article presents the development and validation of an algorithm to accurately identify statin-induced myopathy (SIM) from electronic health records (EHRs) and investigates the determinants of SIM. The study utilized a diverse cohort of patients receiving various statin regimens from an integrated healthcare delivery system. The algorithm was designed to differentiate true SIM cases from other causes of elevated creatine kinase (CK) levels, which is an objective measure of muscle injury. The algorithm demonstrated good performance metrics, with a sensitivity of 76% and specificity of 77% for detecting the most certain SIM cases. The study identified several clinical conditions associated with elevated CK levels unrelated to statin use, which were used as exclusionary factors in the algorithm. The algorithm-derived SIM cases were then analyzed to determine clinical factors that increase the risk of SIM. The findings revealed a dose-response relationship between statin dose and the odds of statin-induced CK elevation. Higher doses were associated with a higher risk of SIM. Statin type also influenced susceptibility to SIM, with pravastatin showing the strongest association with statin-induced CK elevation. Hypothyroidism was identified as the strongest predictor of SIM, highlighting the importance of monitoring thyroid levels before and during statin therapy. Overall, the developed algorithm provides an efficient and reliable method for identifying SIM cases in EHRs, enhancing the quality of future research on statin-induced myopathy and aiding clinicians in avoiding this adverse effect. The study's findings contribute to a better understanding of SIM determinants and can inform healthcare providers in optimizing statin therapy regimens to minimize adverse outcomes.

Development and application of an algorithm for statin-induced myopathy based on electronic health record-derived structured elements. *medRxiv* 2023; Oni-Orisan A, Lu M, Peng JA *et al.* <http://www.ncbi.nlm.nih.gov/pubmed/?term=37162948>

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