

Continued Statin Use Linked to Lower Death Risk



A Brigham and Women's Hospital-led study published in *Annals of Internal Medicine* highlights the benefits of prolonged statin use. Researchers found that patients who continued receiving statins after experiencing an adverse reaction – e.g., muscle aches and pains or gastrointestinal symptoms – had lower rates of death and cardiovascular events. Among a subset of patients who continued taking a different statin, about 26 percent experienced a second adverse reaction, but the vast majority continued receiving the medication.

The findings indicate that statins continue to be very effective at reducing risk of cardiovascular disease, even after a patient has experienced an adverse reaction, according to corresponding author Alex Turchin, MD, MS, an endocrinologist at BWH. "Whether a patient should continue taking statins after experiencing adverse symptoms is an important decision. We hope that our study's findings will help patients and their clinicians as they choose the best approach to fit a patient's circumstances."

The retrospective cohort study reviewed data from the electronic medical records of 28,266 study participants who had been seen at a primary care setting associated with BWH or Massachusetts General Hospital. Adverse reactions were identified using natural language processing of narrative provider notes.

Data showed that 70 percent of patients continued receiving statin prescriptions after the adverse reaction. The research team then analysed a composite primary outcome of heart attack, stroke or death from any cause. Patients who continued receiving statins had a 12.2 percent incidence rate compared to those without a continued prescription who had an incidence rate of 13.9 percent.

In addition, the team performed a secondary analysis on 7,000 patients who had been switched to another statin medication following an adverse event. They found that about 26 percent reported a second adverse reaction after starting the second statin drug, but that more than 80 percent continued receiving their prescription, suggesting that the side effects, if any, were tolerable to the patients.

"Alternative therapies such as ezetimibe are not as effective, and new classes of drugs are expensive. Improving our understanding of the benefits and risks of re-attempting statin therapies before switching to a different class of drugs could help both patients and physicians make informed choices about care," Dr. Turchin says.

Given the retrospective nature of the study, the researchers were unable to determine cause and effect, although they did find a strong association between continued statin prescription and lower incidence of death and cardiovascular events. The authors note some of the inherent limitations of their study, including that they could only determine which patients continued receiving a statin prescription - not necessarily whether the patients actually continued taking the drug.

Source: [Brigham and Women's Hospital](#)

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