

Fewer People May Need Statins



According to a study by researchers at the University of Pittsburgh, Beth Israel Deaconess Medical Center, and the University of Michigan, if national guidelines are updated to incorporate a new risk equation, about 40% fewer people could meet the criteria for cholesterol-lowering statins to prevent heart disease. These findings are published in JAMA.

The study examines the potential impact of widespread adoption of the PREVENT equations, released by the American Heart Association in November 2023, to update physicians' calculators for assessing patients' 10-year risk of heart attack or stroke. At the population level, the number of adults recommended for statins could decrease from 45.4 million to 28.3 million. The study also showed that most people who would be recommended to take statins are not currently taking them.

The researchers used nationally representative data from 3,785 adults, ages 40 to 75, who participated in the National Health and Nutrition Examination Survey from January 2017 to March 2020. They estimated the 10-year risk of atherosclerotic cardiovascular disease (ASCVD) using the Predicting Risk of cardiovascular disease EVENTs (PREVENT) equations and compared the results to the risk estimated using the Pooled Cohort Equations (PCE). The PREVENT equations were developed by the American Heart Association to more accurately represent risk across the current U.S. population, as the PCE equations were based on decades-old patient data that lacked diversity.

PREVENT also reflects more recent insights into the biology of ASCVD. The new calculation incorporates current statin use, as well as metabolic and kidney diseases, while removing race, reflecting a growing awareness that race is a social construct.

Using PREVENT, the 10-year risk of developing ASCVD was 4%, half the risk calculated by the PCE (8%). The difference was even larger for Black adults (5.1% versus 10.9%) and adults between the ages of 70 and 75 (10.2% versus 22.8%).

Based on PREVENT, an estimated 4.1 million patients who are currently taking statins would no longer be recommended to take them. These findings highlight the need to focus efforts and invest resources in the populations of patients at the highest risk. However, it is important to consider individual patient factors when changing recommendations.

Source: University of Pittsburgh

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