



Statins in Older Adults' Primary Cardiovascular Prevention



New research shows there was no benefit of a statin for all-cause mortality or coronary heart disease events when a statin was started for primary prevention in older adults with hypertension and moderately high cholesterol. The study, published in *JAMA Internal Medicine*, analysed data from older adults in the Lipid-Lowering Trial (LLT) component of the Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT-LLT), which was conducted from 1994 to 2002.

Many older patients take statins for primary cardiovascular prevention but data are limited on the risks and benefits of statins for primary prevention in this age group. Improving the understanding of preventive interventions in older patients has implications for healthcare and its costs.

“No benefit was found when a statin was given for primary prevention to older adults. Treatment recommendations should be individualised for this population,” according to the research team led by Benjamin H. Han, MD, MPH, of the New York University School of Medicine.

Dr. Han and co-authors used an analytical sample that included 2,867 adults with hypertension but without baseline atherosclerotic cardiovascular disease (plaque build-up in the arteries). Of the 2,867 adults, 1,467 were in the pravastatin sodium group (40 mg per day) and 1,400 received usual care from their primary care physician to lower cholesterol.

Results showed no benefit of pravastatin for the main outcome of all-cause mortality or secondary outcomes of coronary heart disease events and cause-specific mortality. More deaths occurred in the pravastatin group than in the usual care group (141 vs. 130) among adults 65 to 74 and among adults 75 and older (92 vs. 65). In addition, the pravastatin group recorded 76 CHD events (vs. 89 in the usual care group) among adults 65 to 74 and 31 CHD events (vs. 39) among adults 75 and older.

The results also showed that stroke, heart failure and cancer rates were similar in the two treatment groups for both age groups.

The researchers note limitations of the current study, which include its design as a post hoc secondary analysis of a trial of a subgroup of patients.

Source: [JAMA Internal Medicine](#)

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