

STATINS ARE NOT EFFECTIVE

Do the “benefits” of statins outweigh the countless debilitating side effects as the American Heart Association claims? A Cochrane analysis shows that for primary prevention (--- i.e., taking the statin to prevent a first heart attack) a thousand people would have to take statins for a year to prevent one heart attack. Absurdly --- the Pharmaceutical industry uses this study as evidence extolling the “benefits” of statins, when actually it proves just the opposite. A thousand people suffer from memory loss, kidney damage, liver damage, cognitive decline, and diabetes --- to prevent one out of those thousand from having a heart attack.

To the extent statins are slightly beneficial in preventing cardiovascular events, those benefits derive not from lowering cholesterol, but rather from decreasing triglycerides.

Huang Y, et al. Effect of statin therapy on the progression of common carotid artery intima-media thickness. J Atheroscler Thromb, 2013. ----- This study evaluated the effect of statins on the decrease of common carotid artery intima-media thickness. Seven different statin drugs were tested. The improvement in carotid artery thickness averaged less than 3%. Three of the seven statins showed no benefit whatsoever. The small average improvement in carotid artery thickness showed no correlation whatsoever with either decreasing LDL cholesterol or increasing HDL cholesterol. The improvement was entirely associated with the decrease in triglycerides.

Statins are inferior to exercise in protection against cardiovascular events. Bosomworth NJ. Statin therapy as primary prevention in exercising adults: Best evidence for avoiding myalgia. J Am Board Fam Med, 2016. ----- This study concludes: “If a choice between exercise and statins becomes necessary (due to myalgia and muscle damage), exercise provided equal benefit in terms of cardiovascular protection, and superior mortality reduction, and with improved quality of life.”

Statins yield no protective benefit when prescribed immediately following acute coronary syndromes (ACS).

Vale N, et al. Statins for acute coronary syndrome. Cochrane Database Syst Rev, 2011. ----- The period immediately following the onset of ACS represents a critical stage of coronary heart disease with a high risk for recurring events and death. This study tested the benefits over the subsequent 4 months of initiating statin treatment within 14 days of ACS onset. The study concludes, “initiation of statin therapy within 14 days following ACS does not reduce death, does not reduce myocardial infarction, nor does it decrease stroke compared to placebo, nor does it show any benefits whatsoever over care that does not include statins”.

[For a complete understanding of statin drugs, read the Articles, “STATINS ARE DANGEROUS DRUGS”, and, “WARNING!! --- DO NOT PUSH LDL TOO WITH STATINS ... LDL DEFICIENCY IS A GREATER HEALTH RISK THAN HIGH LDL”.]