

Is Your Doctor Harming You? - LewRockwell.com

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Modern medicine has developed striking ways to treat coronary heart disease, which feature coronary stents implanted percutaneously and coronary artery bypass grafts performed surgically with the aid of a heart-lung machine. And then there are statins to lower cholesterol.

A 70-year-old man sees a physician for a checkup. He has no history of heart disease and no risk factors for it. He does not smoke, has no family history of diabetes or heart disease, and is physically active and not overweight. His blood pressure is 130/70. A lipid panel, however, shows that his calculated low-density lipoprotein cholesterol (LDL-C) is 195 mg/dL. Following the most recent 2013 guidelines framed by an American College of Cardiology (ACC) and American Heart Association (AHA) task force, the physician prescribes a statin for this person, rosuvastatin (Crestor) 20 mg/day, for primary prevention of atherosclerotic cardiovascular disease (ASCVD). [1]

Cardiologists declare that “cholesterol-containing lipoproteins are central to the pathogenesis of atherosclerosis.” [2] Statins, first approved for clinical use in 1987, are very effective in lowering cholesterol. High intensity statin therapy, rosuvastatin 20mg/day and atorvastatin (Lipitor) 40-80 mg, reduces LDL-C by 50 percent or greater. Moderate intensity therapy, rosuvastatin 10 mg, atorvastatin 10 mg, simvastatin (Zocor) 20-40 mg, and pravastatin (Pravachol) 40 mg/day, achieves a 30 to 50 percent reduction of LDL-C. [3]

Some 43 million Americans take statins. [4] In 2010, 11.6 percent of the population took them, 37 million, which includes 19.2 percent of people age 45-64; 39.6 percent, age 65-74; and 44.3 percent of people age 75 and older. [3] Following the 2013 ACC/AHA guidelines, an additional 10.2 million Americans without cardiovascular disease, like the patient above, have now become candidates for statin therapy. [5] One study concludes that 97 percent of black and white Americans aged 66 to 75, including all men in that age group should take statins. [6]

It is a multi-billion dollar business. Pfizer’s Lipitor went on sale in 1997 and became the best-selling drug in the history of prescription pharmaceuticals before its patent expired in 2011. Sales surpassed \$125 billion. AstraZeneca’s Crestor was the top-selling statin in 2013, generating \$5.2 billion in revenue that year.

Pfizer, in an advertisement, proclaims, “*Lipitor reduces risk of heart attack by 36%,”* based on the findings of a large randomized trial where 10,305 individuals were assigned to take Lipitor or a placebo (ASCOT-LLA).

References

1. Stone NJ, Robinson JG, Lichtenstein AH, et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task force on Practice Guidelines. *J Am Coll Cardiol* 2014;63:2889-2934.
2. Kohli P, Whelton SP, Hsu S, et al. Clinician’s guide to the updated ABCs of cardiovascular disease prevention. *J Am Heart Assoc* 2014;3:e001098 Available at: <http://jaha.ahajournals.org/content/3/5/e001098.full> Accessed March 17, 2015.
3. Newsom, LD. Primary prevention of atherosclerotic cardiovascular disease: Controversies and clinical considerations. *Ann Pharmacother* 2015;49(April): 484-493.
4. Pencina MJ, Navar-Boggan AM, D’Agostino RB, et al. Application of new

- cholesterol guidelines to a population-based sample. *N Engl J Med* 2014;370:1422-1431.
5. Centers for Disease Control and Prevention. *Health United States, 2013: With special feature on prescription drugs*. Available at: <http://www.cdc.gov/nchs/data/hus/hus13.pdf> Accessed March 20, 2015.
 6. Miedema AMD, Lopez FL, Blaha MJ. Eligibility for statin therapy according to new cholesterol guidelines and prevalent use of medication to lower lipid levels in an older US cohort: The atherosclerosis risk in communities study cohort. *JAMA Intern Med* 2015;175(1):138-140.
 7. Sever PS, Dahlof B, Poulter NR, et al. Prevention of coronary and stroke events with atorvastatin in hypertensive patients who have average or lower-than-average cholesterol concentrations, in the Anglo-Scandinavian Cardiac Outcomes Trial-Lipid Lowering Arm (ASCOT-LLA): a multicenter randomized controlled trial. *Lancet* 2003;361:1149-1158.
 8. Diamond DM, Ravnskov U. How statistical deception created the appearance that statins are safe and effective in primary and secondary prevention of cardiovascular disease. *Expert Rev Clin Pharmacol* 2015;8(2):189-199.
 9. Rosch P. Quote in: Cholesterol skeptics and the bad news about statins. Center for Medical Consumers, Cholesterol Skeptics: Conference Report. Available at: <http://medicalconsumers.org/2003/06/01/cholesterol-skeptics-conference-report/> Accessed March 21, 2015.
 10. Langsjoen P. Review of *How Statin Drugs Keally Lower Cholesterol and Kill You One Cell at a Time* by James and Hannah Yoseph. *J Am Phys Surg* 2013;18:30.7
 11. Mauch DH, Nagler K, Schumacher S. CNS synaptogenesis promoted by glia-derived cholesterol. *Science* 2001;294(5545):1354-1457.