

# STATIN MEDICINES

## Frequently asked questions

Statins are medicines that work to lower the level of LDL cholesterol (commonly known as bad cholesterol) in your blood. They also help to reduce the chance of having a heart attack or stroke for people who are at high risk.

### Why can a statin help?

If you have had a heart attack or ischaemic stroke, your risk of having another similar event within the next 5 years is high. Taking a statin can substantially lower that risk – on average by around 20%.

So if you have a 1 in 5 chance of having a cardiovascular event like a heart attack or stroke in the next 5 years (which makes you high risk), then taking a statin could reduce this to around a 1 in 6 chance. Doing other things like increasing physical activity, eating a healthy balanced diet, and taking other medicines (such as blood pressure-lowering medicines) can drop your risk even further.

A statin can also help even if you haven't been diagnosed with a heart or blood vessel disease. This may be because you have one or more factors that increase the risk of damage to your heart or blood vessels.

In Australia, statin medicines contain one of the following active ingredients: atorvastatin, fluvastatin, pravastatin, rosuvastatin or simvastatin.

### Who should be prescribed a statin?

Australian guidelines recommend health professionals prescribe a statin according to how likely a person is to have a cardiovascular event (like a heart attack or stroke) in the next 5 years. This likelihood is also known as an absolute cardiovascular risk score.

Your health professional can calculate your risk score by considering your blood cholesterol levels in addition to other factors such as:

- ▶ age (risk increases as you get older)
- ▶ gender (men tend to have a higher risk)
- ▶ blood pressure (high levels increase risk)
- ▶ lifestyle (smoking status, physical activity level, body weight, waist circumference, alcohol intake all impact risk)
- ▶ having other medical conditions, such as diabetes, kidney disease.
- ▶ family history of cardiovascular disease.

The higher your risk score, the more likely a statin will be

prescribed. In some cases, this can mean taking a statin even when your cholesterol levels are normal – because you have other factors that increase your risk.

If you are 45 years or older, or over 35 years for Aboriginal and Torres Strait Islander people at increased risk of cardiovascular disease, speak with your doctor or nurse about your heart and stroke risk score.

### What about side effects?

All medicines (prescription and non-prescription) can have side effects. Not everyone experiences side effects, even when taking the same medicine at the same dose for the same condition.

If you have been prescribed or recommended a medicine (including statins) make sure to discuss possible side effects with your doctor, nurse or pharmacist. This discussion should include how to recognise any side effects, how to manage any side effects and when to seek further medical help.

If you think you are experiencing side effects or are concerned about your statin, speak with your doctor, nurse or pharmacist, but do not stop taking your medicine unless they advise you to. In some cases your doctor or nurse may decide to reduce your dose or change you to a different statin, so that you are still receiving some benefits but are at less risk of side effects.

**Evidence shows that many people who experience muscle symptoms can keep taking their statin at a lower dose, and up to 90% are able to tolerate a different statin, without problems.**

Find more information about side effects in the Consumer Medicine Information (CMI) for your statin.

You can also call NPS Medicines Line on 1300 MEDICINE (1300 633 424) for information about your prescription, over-the-counter and complementary medicines (natural, herbal, vitamins and minerals) – from anywhere in Australia, Monday to Friday, 9am to 5pm AEST (excluding NSW public holidays).

## Can statins cause muscle problems?

Some people taking statins report having muscle aches, pain or weakness. Data from clinical trials show these symptoms usually only occur in about 5% more patients taking statins compared to placebo (sugar pill). For example, in one trial 9.4% of people taking a statin and 4.5% of people taking a placebo reported muscle aches and pain. None of the people knew whether they were taking a statin or a placebo while on the trial.

Generally, muscle symptoms are mild, and temporary. More serious muscle-related side effects like muscle inflammation and muscle breakdown occur very rarely.

It is also important to realise that muscle symptoms are not always caused by statins, even if you are taking these medicines. Muscle aches, pain and weakness can also be caused by:

- ▶ other health conditions (eg, underactive thyroid (hypothyroidism), or polymyalgia rheumatica)
- ▶ vitamin D deficiency
- ▶ more activity than you are used to
- ▶ other medicines you may be taking (eg, some steroid medicines, antipsychotics, immunosuppressants, or antiviral agents).

Always discuss any muscle pain or weakness with your doctor so they can investigate the possible cause.

## Can statins cause memory loss?

Despite some earlier reports that statins may affect memory, recent large-scale reviews and analyses of available data have concluded that there is not enough evidence to indicate that statins cause memory loss.

There is also not enough evidence to support taking statins long-term to slow mental decline or prevent dementia – which earlier research had suggested.

In fact, most evidence concludes that statins don't have any effect (positive or negative) on memory, mental ability or dementia.

The Therapeutic Goods Administration (TGA) is monitoring the situation in Australia. If you are worried about memory loss as a statin side effect, TGA advice is to continue taking your medicine and speak with a doctor or other health professional about your concerns.

## Can statins give you diabetes?

A recent large-scale review of the clinical evidence has explained that if 10,000 people are treated for 5 years with an average dose of a statin medicine, 50-100 new cases of diabetes would be expected. Small increases in blood glucose or a diagnosis of diabetes was more likely with intensive statin treatment, or in people who already had other risk factors for diabetes before they started taking a statin. In contrast, for every 10,000 people treated for 5 years with an average dose of a statin medicine there would be around 1000 fewer cardiovascular events in people who have already had a heart attack or stroke and 500 fewer events in people who haven't had any events, but are at high risk.

So if you are at increased risk of heart attack or stroke, the potential benefits you would get with a statin are substantially larger than any risk of developing diabetes.

## I'm still not sure if I should take a statin

Taking any medicine has benefits and risks. The benefits of statins in reducing cardiovascular risk are proven and supported by a large, consistent body of evidence. If you are on a statin and have any concerns, do not stop taking your medicine without speaking to your doctor, nurse or pharmacist first, otherwise you could be putting yourself at risk of a heart attack or stroke.

## Are statins the only way to manage risk?

Statins are an important treatment for many people to help them manage their cardiovascular risk, but they are not the only option. Other prescription medicines are available to help manage lipid and cholesterol levels. Making positive changes to diet and lifestyle are also essential.

## For more information

[www.nps.org.au/statins](http://www.nps.org.au/statins)  
[www.heartfoundation.org.au](http://www.heartfoundation.org.au)

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