■ *Statins and Cardiovascular Disease: Not as Protective as We're Led to Believe*

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"[B]ased on aggregate data on 65,229 men and women from 11 studies, yielding approximately 244,000 person-years of follow-up and 2793 deaths, we observed that statin therapy for an average period of 3.7 years had no benefit on all-cause mortality in a high-risk primary prevention population. Current prevention guidelines endorse statin therapy for subjects at high global risk of incident CVD as a means to reduce fatal and nonfatal vascular event. Due consideration is needed in applying statin therapy in lower-risk primary prevention populations."

Not surprisingly, the primary author of the JUPITER study chimed in on this. In a *Time* magazine article[4] about the obvious contradictory conclusions regarding JUPITER, Dr. Ridker stated: "I agree with the Ray, et al., bottom line, which is what we have always said over and over: the first things to do to prevent heart disease is to eat a proper diet, exercise regularly and stop smoking. But what [JUPITER] clearly shows is that even among people who are thin, who exercise, have low cholesterol and don't smoke, the risk is high if you have elevated levels of CRP. And being on a statin can lower your risk of having a heart event by half."

TABLE 1: FINDINGS FROM THE JUPITER TRIAL: CARDIOVASCULAR EVENTS

	Statin	Placebo
Events - raw data	141 / 8,901	251 / 8,901
Events - based out of 100	1.6 / 100	2.8 / 100
Actual incidence	1.6% on statins had events	2.8% on placebo had events
Prevention of events	98.4% were without events	97.2% were without events

According to Dr. Ridker's statement, JUPITER subjects were thin. Really? The median BMI was 28 and the interquartile range was 25.3-32. I am 6'2" and weigh 170 lbs, which means my BMI is 21.8, – thin according to the real-world view of thin. However, in order to be thin according Ridker, I would have to gain a staggering 50 pounds of fat.

Also according to Dr. Ridker, being on a statin will cut one's risk of having a heart event by 50 percent. Really? There were 8,901 subjects, ranging in age from 60-71 years in the treatment and placebo groups. They were followed for a median of 1.9 years for the occurrence of the combined primary end point of myocardial infarction, stroke, arterial revascularization, hospitalization for unstable angina, or death from cardiovascular causes. In the statin group, there were 141 major cardiovascular events versus 251 in the placebo group.[1] **Table 1** demonstrates what happens if you look at the math percentages in the fashion that most people understand.

If one took a statin, they had a 98.4 percent chance of *not* having a cardiovascular event, versus a 97.2 percent chance of not having an event when taking the placebo. Perhaps this is why Ray, et al., and de Lorgeril, et al., stated that the JUPITER results do not support the use of statins for preventing cardiovascular disease? There is only a 1 percent difference in cardiovascular events if normal, everyday math is applied. Is a 1 percent reduction in a cardiovascular event worth all the potential side effects (**Table 2, page 22**) associated with statin use?

If patients knew the potential side effects associated with statin drugs for a mere 1 percent reduction in the risk of a cardiovascular event, would they take them so readily for prevention? I suspect most would probably choose otherwise.