

# What is **Statin Intolerance?**

## ...AND WHAT DO I DO ABOUT IT?

**Shared Decision Making (SDM)** is a collaborative process enabling both patients and providers to make healthcare decisions together. It takes into account both medical information and patient preferences.

The **SHARED** approach was created to help facilitate the SDM process, which can help improve patient outcomes, rates of self-management, satisfaction with care, and lower healthcare costs.

### **S** Seek Your Patient's Participation

Why do I need to take a statin?

Taking a statin is one of the most effective ways to lower your risk of cholesterol build up in your arteries (atherosclerosis). It's a silent disease that usually develops without any symptoms; and could lead to a heart attack or stroke.

### **H** Help Your Patient Explore and Compare Treatment Options

I've heard that statins might not be the best option.

Statins are the most widely prescribed class of medications in the United States. Statins reduce the risk of heart attack, stroke and death in a wide range of patients.

### **A** Assess Your Patient's Values and Preferences

What are the side effects of statins?

How would I know if I can't tolerate taking them?

Although many patients have symptoms during statin therapy, serious side effects related to statins are very uncommon in clinical trials. Most patients with symptoms during statin therapy can switch to a lower dose or a different statin.

### **R** Reach a Decision With Your Patient

What are some of my other treatment options?

You can benefit from statin therapy to lower your risk. Do you want to retry a low dose of the statin you have? Or, try another statin at a low dose once or twice a week? There are seven statins we can try.

### **E** Evaluate Your Patient's Decision

How long do we try this out?

Take the statin until our next visit. Call me if you have problems before then and we can decide what to try next.

### **D** Decide Which Local Resources Will Effectively Support the Patient and How To Connect

What resources are available to help me?

Your Care Team includes myself, a nurse practitioner, registered dietician, and a pharmacist. We can help.

\* Note. Adapted from "The SHARE Approach," by the Agency for Healthcare Research and Quality, Content last reviewed August 2018. Retrieved from <http://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html>

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# Shared Decision Making for Statin Intolerance

## S Seek Your Patient's Participation

### Why Is Taking A Statin Important?

- Taking a statin is one of the most effective ways to lower your risk of atherosclerosis (cholesterol build up in your arteries).
- Atherosclerosis is a silent disease that usually develops without any symptoms, until there is a blood clot, causing a heart attack or stroke.
- At least 1 in 3 people over their lifetime will experience a heart attack or stroke that will cause death or damage to the heart or brain.
- Statins are generally well-tolerated; and reduce all-cause mortality by 10% per 39 mg/dL reduction in LDL "bad" Cholesterol (LDL-C).
- The potential benefits of taking statins outweigh the potential risks for most people.

## H Help Your Patient Explore and Compare Treatment Options

### What do you need to know about taking statins?

- Statins have been studied in clinical trials in 200,000+ people over 30 years and have been shown to be safe and effective in preventing cardiovascular disease.
- Statins are recommended if you have:
  - Atherosclerotic cardiovascular disease (ASCVD)
  - LDL levels of  $\geq 190$  mg/dL
  - Type 2 diabetes
  - An estimated 10-year risk of ASCVD  $\geq 7.5\%$  and are between 40-75 years old
- Rates of muscle, liver and cognitive adverse events are similar in statin and placebo groups, and in high-versus moderate-intensity statins.
- Rates of serious myopathy/rhabdomyolysis, or hemorrhagic stroke are about 1/10,000 patients per year in randomized controlled trials (RCTs).
- In RCTs, the majority of patients reporting intolerance to two or more statins can tolerate 20 mg of atorvastatin.
- There are other treatment options that we can discuss, including: bile acid sequestrants, niacin, ezetimibe, PCSK9 inhibitors, fibrates, and viscous fiber (found in oat bran, legumes, & psyllium).
- Also, swapping mono- or polyunsaturated fats for trans fats or saturated fats could be beneficial.
- While they help and are important factors for your cardiovascular disease, diet and lifestyle changes alone don't result in as much LDL-C lowering as they do in combination with a statin.
- There are seven statins available. Usually you can find one that provides the best results for you.

Let's take a look at the treatment options that are best for you.



## A Assess Your Patient's Values and Preferences

### Statin intolerance is real, but uncommon.

*Below are some side effects that you might feel:*

- Muscle aches in the legs, trunk, or shoulders and upper arms
- Muscle weakness
- And uncommonly, other symptoms

Stopping and retrying statins, under medical supervision, can help determine if symptoms are related to treatment. If you experience rhabdomyolysis symptoms (severe muscle pain or weakness, or dark/decreased urination), a very rare side effect, stop your statin and call me right away.

There is a small increased risk for diabetes with statins in people who have other risk factors for diabetes. The benefit of statins for reducing atherosclerosis, heart attack and stroke risk outweighs the small increase in risk of diabetes. Regular physical activity and weight control also reduce the risk of diabetes.

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# Shared Decision Making for Statin Intolerance

## R

### Reach a Decision With Your Patient

It is recommended that you aim to maintain statin treatment in some form. However, the decision of whether to continue taking the statin is up to the patient.

The symptoms that I'm experiencing while taking my statin(s) include:

- Muscle aches in my legs, trunk, shoulders, or upper arms
- Muscle weakness
- Other: \_\_\_\_\_

On a scale from 1 to 10, with 1 being hardly noticeable, to 10 entirely negatively impacting my daily routine, I rate my symptoms as a \_\_\_\_\_.

Are these symptoms tolerable? Y | N

Is my ability to exercise limited by these symptoms? Y | N

#### My Treatment Plan

Date: \_\_\_\_\_

For the next \_\_\_\_ months

Heart-Healthy Diet goals: \_\_\_\_\_

Exercise goals: \_\_\_\_\_

Other risk factor goals: \_\_\_\_\_

Medication: \_\_\_\_\_  
Dose Frequency

Medication: \_\_\_\_\_  
Dose Frequency

Medication: \_\_\_\_\_  
Dose Frequency

Lab test: \_\_\_\_ months

Next appointment: \_\_\_\_ months

## E

### Evaluate Your Patient's Decision

What are the benefits of taking a statin for you?

- \_\_\_\_\_

What might get in the way of achieving your goals and what can we do about that?

- \_\_\_\_\_

## D

### Decide Which Local Resources Will Effectively Support Your Patient and How To Connect

#### Connect with the Cardiovascular Care Team

- Primary Care Physician: \_\_\_\_\_
- Nurse Practitioner: \_\_\_\_\_
- Registered Dietician: \_\_\_\_\_
- Genetic Counselor: \_\_\_\_\_
- Pharmacist: \_\_\_\_\_
- Other Specialist Referrals: Pediatric Specialist, Cardiologist \_\_\_\_\_
- Health Insurance Plan: \_\_\_\_\_

This is how I connect with my Cardiovascular Care Team.



\*References Guyton JR, Bays HE, Grundy SM, Jacobson TA. "An assessment by the Statin Intolerance Panel: 2014 update" Journal of Clinical Lipidology. March 2014. <http://dx.doi.org/10.1016/j.jacl.2014.03.002>

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