Taking a statin is one of the most effective ways to lower your risk of cardiovascular disease. Rates of serious myopathy/rhabdomyolysis, or hemorrhagic stroke associated with 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.

At least 1 in 3 people over their lifetime will experience a heart attack. Statins are generally well-tolerated; and reduce all-cause mortality. The potential benefits of taking statins outweigh the potential risks for most people.

Atherosclerosis is a silent disease that usually develops without any symptoms; and could lead to a heart attack or stroke. 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.

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.

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.

Seek Your Patient’s Participation

Why do I need to take a statin?

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.

Help Your Patient Explore and Compare Treatment Options

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.

Assess Your Patient’s Values and Preferences

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.

Reach a Decision With Your Patient

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.

Evaluate Your Patient’s Decision

What resources are available to help me?

You, Care Team includes me, a nurse practitioner, registered dietitian, and a pharmacist. We can help.

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

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 ≥ 190 mg/dL
  ◦ Type 2 diabetes
  ◦ An estimated 10-year risk of ASCVD ≥ 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 hemorhagic 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, 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.

What are Statin-Related Side Effects

...AND WHAT DO I DO ABOUT THEM?

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.
Statin-Related Side Effects are 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.