

Re: Additional Info. about statins

Source: <http://sci.tech-archive.net/Archive/sci.med.cardiology/2005-06/msg00637.html>

- *From:* listener <listener@xxxxxxxxxx>
 - *Date:* 13 Jun 2005 12:10:46 GMT
-

"Bill" <xxx@xxxxx> wrote in
[news:Du7re.238\\$on5.164@xx](mailto:news:Du7re.238$on5.164@xx):

>
> "Sharon Hope" <shope@xxxxxxxx> wrote in message
> news:mbSdnV8qObyPFzHfRVn-2w@xxxxxxxxxxxxxxxx
>>
>> "Bill" <xxx@xxxxx> wrote in message
>> [news:YkPqe.8274\\$jS1.8168@xx](mailto:news:YkPqe.8274$jS1.8168@xx)
>>>
>>> "Sharon Hope" <shope@xxxxxxxx> wrote in message
>>> news:D4KdnVMQuZts1zbfRVn-ug@xxxxxxxxxxxxxxxx
>>>> Bill,
>>>>
>>>> Did you also chastize the AHA, NHLBI and ACC for warning about the
>>>> danger of muscle pain?
>>>>
>>>> No. I've have not seen all they wrote, but I'm guessing it was fair.
>>>> I would warn people about the risks too. Only in a fair way. Why do
>>>> you think that is relevant?
>>>>
>>>>
>>>> Statin muscle damage, myopathy, myositis, can lead to rhabdomyolysis.
>>>> Obviously the AHA, ACC, and NIH's NHLBI thought it was relevant.
>>>>
>>>>
>>>> As do I and as I mentioned. Why are you pointing out things I agree
>>>> with? Do you have anything remotely resembling a point here?
>>>>
>>>>
>>>>> Or is it just newsgroup posters you attempt to intimidate, so
>>>>> others
>>>>> won't post about adverse effects? Is someone worried about adverse
>>>>>
>>>>> No. In fact I often agree with them.
>>>>>
>>>>> effects metrics in the ng trolling that pharmcos do, per BJM?
>>>>> <http://bmj.bmjournals.com/cgi/content/full/330/7504/1347-a?ehom>
>>>>>

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>>>> Why are you actively trying to discourage a free and open
>>>> discussion, just because it addresses statin side effects? Is
>>>> there some bonus for keeping the numbers low in the hits returned
>>>> by the pharmco webcrawlers?

>>>>

>>>>

>>> Please provide proof of your claim.

>>>>

>>> For the record statins can have adverse effects and I have said that
>>> many times before.

>>>>

>

> You have avoided the above.

>

>>>> Jason was not addressing the rarity of rhabdomyolysis in the normal
>>>> non-statin using population. Nor was Jason addressing the rarity
>>>> of rhabdomyolysis in the general statin-using population. Jason
>>>> was addressing the danger of potential rhabdomyolysis in a patient
>>>> already exhibiting statin myopathy.

>>>>

>>>>

>>> Myopathy is common. Rhabdomyolysis is rare. So do you think it is
>>> common in people with myopathy? Provide a source for that. Also, has
>>> there ever been a case of Rhabdomyolysis in a patient with a
>>> non-elevated CK level?

>>>>

>

> You have avoided the above.

>

>>>>Rhabdo, by the way IS a result of statin myopathy.

>>>>>

>>>> It is quite reasonable to assume that there is enough of a chance
>>>> for a patient who is already exhibiting statin myopathy to go into
>>>> rhabomyolysis, however rare it is in the general population.

>>>>

>>> What do mean by "enough"? and what evidence do you have?

>>>>

>

> You have avoided the above.

>

>>>> Did you also chastize the AHA, NHLBI and ACC for warning about the
>>>> danger of muscle pain?

>>>>>

>>>>

>>> You already asked that and I answerd it. I assume they were unbiased
>>> in their warnings. I have also warned about it.

>>>>

>>>> After all, even Scott Grundy, the all-time statin cheerleader and
>>>> apologist, and acceptor of funding from all statin pharmcos,
>>>> himself wrote the following in the
>>>> ACC/AHA/NHLBI Clinical Advisory

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>>>>
>>>> on the Use and Safety of Statins
>>>>
>>>> :
>>>>
>>>> "If the patient experiences muscle soreness, tenderness, or
>>>> pain, with or without CK elevations, rule out common
>>>>
>>>> causes such as exercise or strenuous work. Advise moderation
>>>>
>>>> in activity for persons who experience these symptoms
>>>>
>>>> during combination therapy.
>>>>
>>>> Discontinue statin therapy (or statin and niacin or fibrate
>>>>
>>>> if the patient is on combination therapy) if a CK greater
>>>>
>>>> than 10 times the ULN is encountered in a patient with
>>>>
>>>> muscle soreness, tenderness, or pain.
>>>>
>>>> If the patient experiences muscle soreness, tenderness, or
>>>>
>>>> pain with either no CK elevation or a moderate elevation (3
>>>>
>>>> to 10 times the ULN), follow the patient's symptoms and
>>>>
>>>> CK levels weekly until there is no longer medical concern or
>>>>
>>>> symptoms worsen to the situation described previously (at
>>>>
>>>> which point therapy should be discontinued). For patients
>>>>
>>>> who develop muscle discomfort and/or weakness and who
>>>>
>>>> also have progressive elevations of CK on serial measurements,
>>>>
>>>> either a reduction of statin dose or a temporary
>>>>
>>>> discontinuation may be prudent. A decision can then be
>>>>
>>>> made whether or when to reinstitute statin therapy."
>>>>
>>>>
>>>>
>>>> I agree with all of that.
>
> You have neglected to say why you even brought this up.
>
>>>>

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>>>> What possible reason could you have to attempt to intimidate the
>>>> reasonable discussion about a common concern?
>>>>
>>>
>>> I don't have any.
>>>
>>>> What makes you think that your biased and slanted and entirely
>>>> irrational opinion of Dr. Cohen's fine book is of interest here?
>>>
>>> I have said very little about the book. So it should be very easy to
>>> show where I have provided biased and slanted and entirely
>>> irrational opinions.
>>>
>>> Please demonstrate this. Or be shown once again to be a liar.
>>
>> check this thread, that came from you to Jason regarding Dr. Cohen's
>> book.
>>
>
> I'm familiar. Again you continue avoid the question. The reason is you
> have no answer. If you did, you would provide an answer. Instead you
> say go look at something when I've already said that something proves
> you to be a liar.
>
>>>>
>>>> Who designated you as the official mind reader of top-selling
>>>> physicians who just might be answering a large public outcry and
>>>> need to know as 'bad mouthing'?
>>>>
>>>> No one. Are you a volunteer?
>>
>> check this thread, that came from you to Jason regarding Dr. Cohen's
>> book.
>>
>
> That does not even make any sense at all. I see no reference to
> appointees at all.
>
>>>>
>>>> Seems you may have mistaken a look in the mirror for the back cover
>>>> of Dr. Cohen's EXCELLENT book.
>>>>
>>>>
>>>>
>>>> You continue to just engage in downgrading others but doing
>>>> absolutely nothing to support your case.
>>
>> There is an 80-page FAQ on Statin Adverse Effects on the web for all
>> to see, that I created and maintain to support my case. What is your
>> response to the study findings in that FAQ?

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>>
>> http://www.freewebs.com/stopped_our_statins/StatinFAQ_031305wTOCv4.pdf
>>
>>
>
> That they have nothing to do with what is being discussed here. I have
> agreed with most of the evidence you have posted here. What I've
> disagreed with is your attacks on me.
>
> But I had previously looked at the PDF file and it seems biased. I
> don't see much in the way of positive studies on statins. Second, it
> lists as side effects of Lipitor anything that happened to a large
> group of people during the trial. If you take a group of 2000 people
> and follow them for several months you will see a large variety of
> medical conditions arise. The source you were quoting from said
> "regardless of causality" and you left that out. That was biased.
>
> Bill
>
>>>

What a shock!

L.

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• **References:**

- ◆ **Additional Info. about statins**
 ◇ From: Jason
 - ◆ **Re: Additional Info. about statins**
 ◇ From: Bill
 - ◆ **Re: Additional Info. about statins**
 ◇ From: Sharon Hope
 - ◆ **Re: Additional Info. about statins**
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