

Re: Cholesterol Levels Are Falling, But Red Flags Are Rising

Source: <http://sci.tech--archive.net/Archive/sci.med.cardiology/2005-10/msg00553.html>

- *From:* "MEM, MD" <mem2y@xxxxxxxxxxx>
 - *Date:* Fri, 14 Oct 2005 02:13:19 GMT
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On 13 Oct 2005 08:20:08 -0700, James216440@xxxxxxxxxxx wrote:

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>MEM, MD wrote:
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>> On 12 Oct 2005 15:55:49 -0700, James216440@xxxxxxxxxxx wrote:
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>> >
>> >While on the topic I have been waiting a long time for you to respond
>> >with more then a wise ass comment about my statement re life expectancy
>> >gains from statins Jim. You are usually a great deal more thoughtful
>> >and interested in finding the truth then you seemed to be on this
>> >topic. Ok, I will tell you where my 26 days of life expectancy came
>> >from. It was from the 4S five year data plus reasonable extrapolation
>> >based on Helsinki. In 4S people who were basically healthy, except
>> >they had high TC and diagnosed coronary disease, were placed on a
>> >statin. The five year data showed the treated population gained
>> >roughly 26 days of life expectancy. It is hard to give an exact number
>> >because the authors have not released the raw data so you have to do
>> >some attempts at integrating the lumped data that they have released.
>> >But probably anything from 20 days to 35 days would be a reasonable
>> >conclusion to draw for life expectancy gains of the treated population
>> >vs the untreated control for the total five years of the study.
>> >
>>
>>
>> Hi James,
>> Just had to add my 2 cents about calculating a "mean life expectancy
>> gain" from a clinical trial of anything but perhaps terminal cancer:
>> it is interesting and kind of sobering, but it's clinically
>> meaningless.
>>
>> If 1 of every 400 babies died of a terrible disease at birth, should
>> we bother finding a cure? If each baby could expect a life span of 80
>> years, curing the disease would only add an "average" of 9 weeks of
>> life to each person. Not a very impressive benefit when stated that

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>> way. Sure, it's an extreme example, but I think it makes my point.
>>
>> Something bothers me about the general theme of most of these
>> discussion, or maybe simply confuses me: why the focused attacks on
>> statins, and seemingly only statins? Yes, they make drug companies
>> obscene amounts of money. Yes they can lead to life-altering side
>> effects, and often health care providers refuse to accept these side
>> effects. But at the least they have shown clear cut benefits to a
>> wide range of patients. But what about coronary stenting? Way less
>> survival benefit (only in very specific scenarios), at least as much
>> potential for harm, and making device companies obscene amounts of
>> money. How about the Chickenpox vaccine? My kids were forced to get
>> it to be allowed to start school, and yet not only is there no
>> survival data to justify this practice, we have no idea how long the
>> vaccine will last, potentially putting my kids at risk of getting
>> chicken pox as adults (a very serious situation).
>>
>> Hopefully someone can answer this— perhaps statin dislikers are just
>> simply more vocal.
>
>It all depends on the cost of saving that one baby in 400 who will die
>at birth without treatment. If the cost is going to be \$1,000,000 per
>incident and no real hope of great reduction in cost with experience I
>>would submit it is not worth the cost. One human life expectancy is
>simply not worth anywhere close to nearly half a billion dollars. This
>has been long since decided in most of the world either due to lack of
>resources or rationing in those places that have socialized medicine.
>Only in the US is a question like this ever even asked.
>
>You need to get that cost down to at most a couple million dollars per
>life expectancy to be economically sensible. Statins are not there by
>a long ways, particularly in primary postponement. They are there in
>acute postponement I suspect.
>
>I hate to see you leave the group. Am I a statin hater? I guess in
>your eyes I am. All they did was force my early retirement and cause
>what look to be life long impairments. Fortunately I was an astute
>investor and make a hell of a lot of money off my investments and could
>afford to retire very young and not have to ever worry about finances.
>Understanding math and statistics do have financial benefits also.
>Many are not so lucky and skilled as I was. But I would still be
>willing and happy to take them for 30 days if I had a MI. And I would
>suggest to any friend or relative they do the same. This makes me a
>statin hater? I simply will not follow gods (your) advice so I am
>below your consideration. Typical god complex from the medical
>profession. I submit you need to do some personal soul searching and
>return to reality. But you are a doctor so I know it aint going to
>happen. Your training placed you well above the rest of us lowly
>mortals. Your job is to belittle anyone who does not agree with your
>high opinion of yourself. A lot like Chung.

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OK, I'm back in on this one. James, I don't recall ever giving you any advice. Nor have I ever told you, Sharon, or any patient that you or they are (wrong, misinformed, stupid, etc) for not wishing to take statins and for being resentful of their experience. I've never once told a patient "Your symptoms aren't due to statins." I always inform patients of potential side effects of statins when they are initiated, regardless of whether they ask or not. I try to distill the evidence supporting a particular patient's risk-benefit ratio for this and every class of drug and include that in the discussion. Please please please don't suggest I have a "god complex." That is prejudiced, silly, and sounds like a scene from ER.

In any case, back to my interest in joining this group, discussion of studies and data, both positive and negative- FYI per our discussion above, if it only cost \$1,000,000 to save an infant, and his expected lifespan is 80 years, that comes to \$12,500 per life year saved- any health system would JUMP at a chance to pay for something like that.

Also FYI (cuz I like this kind of data), comparative costs/life year saved (from a variety of US and British analyses, I can forward references if you like):

Aspirin after MI: \$95
Plavix after MI: \$6318
Statin (after MI/ACS) \$8250
Statin (primary prevention- \$23940
Defibrillator (MADIT II- primary prevention) \$33192

• *Follow-Ups:*

- ◆ ***Re: Cholesterol Levels Are Falling, But Red Flags Are Rising***
 ◇ From: Jim Chinnis
- ◆ ***Re: Cholesterol Levels Are Falling, But Red Flags Are Rising***
 ◇ From: fresh~horses

• *References:*

- ◆ ***Re: Cholesterol Levels Are Falling, But Red Flags Are Rising***
 ◇ From: James216440
- ◆ ***Re: Cholesterol Levels Are Falling, But Red Flags Are Rising***
 ◇ From: MEM, MD
- ◆ ***Re: Cholesterol Levels Are Falling, But Red Flags Are Rising***
 ◇ From: James216440

- Prev by Date: ***Re: Good to see you back Andrew***
- Next by Date: ***Re: Cholesterol Levels Are Falling, But Red Flags Are Rising***
- Previous by thread: ***Re: Cholesterol Levels Are Falling, But Red Flags Are Rising***

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- Next by thread: ***Re: Cholesterol Levels Are Falling, But Red Flags Are Rising***
- Index(es):
 - ◆ *Date*
 - ◆ *Thread*