

Statin disabling Adverse Effects put patient AND spouse at risk

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An important new study done by the Harvard Medical School and published in the New England Journal of medicine has identified and quantified some risk to caregivers.

The news report about the study did not mention statins directly, but we all bring information we already know to what we read.

In my case, I know Lipitor 10 mg/day for 4 years can, and did, cause severe disability in my spouse of over 35 years – chronic extreme pain, muscle deterioration, elevated CK (putting kidneys and liver at risk), mitochondrial damage, myopathy, myositis, peripheral neuropathy, insomnia, transient global amnesia, severe cognitive damage, aphasia, and extreme short-term memory loss (DEMENTIA is another term for such memory loss), and now exertion-induced gout – this in a high-achieving, vigorous, very successful man in his early 50s, twice a corporate CEO.

The severe disability destroyed his health, cognitive abilities, ability to function, ability to stand, ability to walk or interact with people – and needless to say destroyed his business and quality of life.

Four years off the Lipitor, there has been some recovery – enough certainly to absolutely point to the Lipitor as the cause – but not yet enough to go beyond a seriously disabled state.

Rather than allow myself to sink into a bottomless pit of despair, I, like so many spouses of similarly disabled statin patients I have since had the honor to know (however unfortunate our shared pain), have devoted nearly every waking minute to being a champion for my spouse, seeking out the best doctors, searching for a treatment toward a cure, and collecting peer-reviewed medical journal publications that are evidence of such disabling statin adverse effects – in hopes of warning others and preventing them from going through what we have experienced. (That, and working 50 to 60 hour weeks at a demanding job to maintain an income.) Other spouses and family members of statin-disabled have made similar contributions, establishing and maintaining a message board for others, for example.

My husband bravely allowed a fine journalist, Eleanor Laise of Smart Money Magazine, to publicize and expose his own drastically disabled state in a

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national magazine, in hopes someone might benefit from his pain and debilitation. We know it helped many more than the scores of people who contacted us personally to thank us for helping them to understand the problems they, too, were experiencing on statins.

Many have quietly thanked us for sounding the alarm. Some moronic trolls have attempted to discredit the effort – objecting blythely to one or two of hundreds of published studies – as if that objection is of higher quality than the journal that published the article and as if the other hundreds of references did not exist – or attacking the effort by ascribing dark motives, or insisting it was motivated by guilt in a very sick blame–the–patient–and–shoot–the–messenger perverted way of thinking and acting, or even claiming the pain and suffering is irrelevant because it is not universal or 'rare', or irrationally claiming it was somehow fortunate because it was the only possible alternative to a guaranteed certain heart attack (no mention of how the human race has lasted this long, given this line of thinking that leads these ng lurkers to insist the only choices in life are to take a statin or die of a heart attack). (Odd, too, that faced with such extreme adversity on a daily basis as we spouses/families of the statin–disabled are, these nay–saying ng trolls actually seem to think their negativity could make any impression at all.)

I don't think it ever occurred to us spouses that we were fighting for more than just the health of our spouses, the good of our families, and the chance some unknown families need not be similarly damaged. We knew, of course, the impact to our and our family's quality of life, the drastic financial damage that occurred in what would have been peak earning years – while putting the kids through college, and the heartache of seeing a beloved spouse in a blind tunnel of horrific pain 24–hours a day with absolutely no respite.

It turns out, at least according to the results of the aforementioned study, we were also fighting for our own very lives!

As it turns out, we female spouses of statin–caused Dementia patients are at an AVERAGE of TWENTY EIGHT PERCENT higher risk of death. This is higher than the 17% increased risk of our death upon the death of a spouse. Caregivers of dementia patients are themselves at higher risk of dying!

For those who might be in a similar caregiver position of a dementia patient or otherwise disabled spouse, regardless of cause, this study is something you should know about. I don't have the full–text version, and because of copyright rules, I will not post the entire article, only those points that I found worthy of highlight, but you owe it to yourselves to read the full article – and send it on to others who should know about it.

<http://www.foxnews.com/story/0,2933,185104,00.html>

Caretakers of Ill Spouses Have Greater Risk of Death

Thursday, February 16, 2006

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By Daniel J. DeNoon

Seniors who care for their seriously ill spouses may pay the ultimate price.

A groundbreaking new study shows that caring for a sick spouse can raise the caretaker's risk of death. For some particularly disabling illnesses — dementia, in particular — the toll on the caretaker is worse than the toll of a spouse's death.

It's been known for more than 150 years that the death of a spouse ups the surviving partner's risk of death. Now it's shown that illness, too, can break your heart.

"We showed you can die of a broken heart not just when your partner dies, but when your partner falls ill," researcher Nicholas Christakis, MD, PhD, said in a news conference. "We showed it is not just death that can give you a broken heart, but illness — even when the spouses don't die."

Christakis, professor health care policy at Harvard Medical School in Boston, and colleagues report the findings in the Feb. 16 issue of The New England Journal of Medicine.

<read more at the link provided>

The death of a spouse increased a man's risk of death by 21 percent and a woman's risk of death by 17 percent. Overall, the illness of a spouse was only one-fifth as deadly to caretakers as the death of a spouse.

But some spousal illnesses took at least as great a toll as death:

—A spouse's psychiatric illness raised the risk of death by 19 percent for men and by 32 percent for women.

—A spouse's dementia raised the risk of death by 22 percent for men and by 28 percent for women.

—Other diseases that take a heavy toll on caretakers included heart failure, hip fracture or other serious fracture, and chronic lung disease.

—A spouse's cancer did not increase caretaker death risk.

"It is the disablement and not the lethality of a spouse's illness that can be harmful to you and contribute to your risk of dying," Christakis says.

There's another factor that makes it hard on spouses: poverty.

<read more at the link provided>

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"Because people are interconnected, we think this phenomenon we studied in elderly married couples applies more generally," Christakis says. "We are looking at broader connections -- between parent and child, brother and sister, neighbors, and friends."

By Daniel J. DeNoon, reviewed by Louise Chang, MD

SOURCES: Christakis, N.A. The New England Journal of Medicine, Feb. 16, 2006; vol 354: pp 719–730. Nicholas Christakis, MD, PhD, professor, department of health care policy, Harvard Medical School, Boston. Suzanne Salamon, MD, associate chief, clinical geriatrics, Beth Israel Deaconess Medical Center, Boston.

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