

## Re: Statins: benefit confined to high risk

**Source:** <http://sci.tech-archive.net/Archive/sci.med/2004-10/0424.html>

---

**From:** beachhouse ([sendnomail\\_at\\_please.com](mailto:sendnomail_at_please.com))

**Date:** 10/05/04

Date: Tue, 5 Oct 2004 17:06:53 -0400

"George Conklin" <[georgeconklin1@earthlink.net](mailto:georgeconklin1@earthlink.net)> wrote in message  
news:vix8d.3233\$UP1.2592@newsread1.news.pas.earthlink.net...

>

> *It once again shows how political medical advice is. Science? As the  
> article states, there are NO scientific studies to back widespread use of  
> statins in most populations. And early studies also showed that for the  
> elderly low cholesterol correlates with increased risk of cancer. Too  
much*

> *medical care = bad life expectancy.*

>

as usual, it's not as simple/black/white as the mass media would have you believe.

as an example, "high risk" patients include those with diabetes or those who have peripheral vascular disease -- claudication.

the public doesn't realize this. no drug is going to cure coronary artery disease or prevent 100% of heart attacks -- there are obvious genetic, dietary, and lifestyle factors. in the united states, our society (which is multi-ethnic) in the midst of an epidemic of obesity with sedentary children and an abundance of high fat, high calorie foods to choose from. Diet alone will only lower cholesterol levels by about 10%. Statins prevent stroke and have other beneficial antiinflammatory and plaque stabilizing properties besides just "lowering cholesterol." Your conclusion is ironically incorrect -- it takes close medical follow-up to determine whether statin therapy for any individual is a reasonable choice -- and then close follow-up to make sure the risks don't begin to outweigh the benefits. for physicians, the biggest controversy isn't whether statins are for "most populations" (whatever *\*that\** meaningless phrase means...) the controversy is whether newer, more drastic target levels for lipid lowering *\*among the highest risk patients for coronary events\** (i.e., diabetics, those with established histories of myocardial infarction or peripheral vascular disease) are justifiable...