Editor's Note

Who Takes a Statin?

Key words: risk factors, statins

Introduction

I have gotten the impression, from talking to colleagues and participating in a large number of Continuing Medical Education (CME) programs, that many adult cardiovascular specialists are taking statins to lower their cholesterol levels. In most instances, they are taking statins alone, but in some cases statins are combined with other lipid-altering drugs. To satisfy my curiosity, I made an informal survey at two American College of Cardiology CME programs. The first was in Florida in January 2005 (Perspectives on New Diagnostic and Therapeutic Techniques in Cardiology), and the second was in Hawaii in February 2005 (Cardiovascular Conference in Hawaii). At the Florida meeting there were 95 participants and at the Hawaii meeting approximately 210. Of the total of 305, 176 returned this survey for analysis (a 57.5% response). I make no claims that the survey and the analysis of the responses have any statistical validity, but they do provide some insight into the number of cardiovascular specialists who are taking lipid-lowering drugs.

Survey Questions

Participants were asked their ages and genders as well as whether any of the following risk factors were present: hypertension treated, old myocardial infarction, diabetes treated, symptomatic coronary artery disease, or low-density lipoprotein cholesterol (LDL) > 130. A simple yes or no was required for the answer to the risk factor question. In order to keep the survey simple, no other details were asked for.

Participants were also asked whether they were currently taking statins, what statins they were taking, and the dose of the statin.

Results of the Survey

Survey answers from both Florida and Hawaii were combined. The age distribution of the responders was as follows: 11.6% were in their 30s, 28.6% were in their 40s, 31.5% in their 50s, 22.8% in their 60s, and 5.2% in their 70s. Thus, 60% were in their forties and fifties and 83% were between the ages of 40 and 70 years. The gender was predominantly male: 138 of the 176 responders (78.4%) were men and 38 (21.5%) were women.

The two major risk factors reported were hypertension that had been treated and LDL cholesterol > 130 mg/dl. Hypertension was reported in 40 of 176 responders (22%) and LDL

> 130 mg/dl in 46 (26%). Four responders had an old myocardial infarction and 5 responders were diabetic. One responder had symptomatic coronary disease.

The percent of female responders taking statins was 18.4% (7 of 38 women), while the percent of male responders taking statins was 55% (76 of 138 men). The overall combination of male and female responders taking statins was 47.1% (83 of 176).

Of the 83 responders who were taking statins, 56 (67.4%) had one or more risk factors, while 27 (32.5%) had no risk factors. Thus, a significant number of individuals responding to this survey had none of the risk factors listed above, yet were trying to lower their cholesterol levels by taking statins.

The relationship of age to statin use was as might be predicted. Of the 22 responders in their thirties only one (4.5%) was taking a statin. In contrast, of the 51 responders in their forties, 16 (31.3%) were taking statins; of the 56 responders in their 50s, 27 (48.2%) were taking statins; of the 39 responders in their 60s, 31 (79.4%) were taking statins, and of the 9 responders in their 70s, all nine (100%) were taking statins.

Although there was variability in the types of statins taken, the majority of responders, 50 of 83 (60%), were taking atorvastatin, generally in low dose. However, two responders were taking 80 mg of atorvastatin each day: one had an old myocardial infarction and the other had hypertension, an old myocardial infarction, and LDL of > 130.

Summary

Based on this survey of individuals at two cardiovascular CME programs, one month apart, three points can be made: (1) Cardiovascular specialists were inclined to take lipid-lowering agents, particularly statins, if they had risk factors. (2) A significant percentage (32.5%) of those without any of the risk factors listed in the survey were taking statins. (3) There was a marked increase in the percentage of statin use as the age of the responders increased.

Conclusions

Obviously, a survey such as this has many limitations and may not be a valid statistical poll of the universe of cardiovascular specialists. However, it does paint a picture that although many cardiovascular specialists are adhering to guidelines, many also are ignoring the guidelines and aggressively lowering their lipids, most commonly with statins, despite the absence of risk factors. Should this be a message for the general population?

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