

# Odds for death, hospital care rise when statins are stopped

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"Findings of this study suggest that cutting back on statins may not be wise, because the discontinuation of statins is associated with an increased risk of cardiovascular outcomes and mortality," said Rea, "and it is not counterbalanced by a reduction in adverse outcomes attributable to pharmacological therapy, like episodes of delirium."

Patients in the study were taking statins such as Lipitor along with blood thinners, drugs to lower blood pressure and drugs to treat diabetes from Oct. 1, 2013, until Jan. 31, 2015. They were followed through June 30, 2018.

Compared with those who kept taking statins, patients who stopped using them had 24% higher odds of needing hospital care for [heart failure](#), 14% greater odds of some other heart problem and 15% greater likelihood of death from any cause, the researchers found. They also were 12% more likely to require emergency treatment.

(HealthDay)—Living longer often means living with multiple health problems and numerous medications to manage them. Understandably, many doctors and their patients wonder if any of these drugs can be discontinued safely.

A new study from Italy suggests statins should not be culled from the list.

Among more than 29,000 adults 65 and older, those who stopped taking these cholesterol-lowering drugs but maintained the other medications had a higher risk of fatal and nonfatal heart emergencies, researchers found.

"There is a great debate about the process of gradually reducing or stopping drugs to minimize 'polypharmacy' and [drug](#)-drug interactions," said lead author Federico Rea, who is with the National Centre for Health Care Research and Pharmacoepidemiology at the University of Milano-Bicocca.

"Because of the well-known effectiveness of statins in primary and secondary cardiovascular protection, and the few statin-induced adverse effects, physicians should carefully consider the stopping of these drugs in [elderly patients](#)," Rea said.

Two U.S. experts say it's usual for doctors and patients to want to cut out some of their medications, but that's not always a safe choice.

"It is common for patients and physicians to want to reduce the number of medications in elderly adults to reduce pill burden and limit medication interactions," said Dr. Benjamin Hirsh, director of preventive cardiology at Northwell Health's Sandra Atlas Bass Heart Hospital in Manhasset, N.Y.

"However, the decision of which, if any, [medication](#) to discontinue should be carefully considered in light of this evidence," Hirsh added.

The American Heart Association and American

College of Cardiology already recommend starting statins before age 75 for patients who need them and continuing them in patients older than 75 who tolerate them, he noted.

"Whether to start these medications for patients greater than 75 years of age remains a question that is currently being studied," Hirsh said.

Dr. Gregg Fonarow, interim chief of cardiology at the University of California, Los Angeles, believes these are important findings.

This study reinforces the substantial benefits of continuing [statin](#) therapy in [older adults](#), even among those receiving many other medications, Fonarow said.

"It also highlights the substantial risks of indiscriminate deprescribing of medications," he said. "Discontinuing recommended, clinically beneficial medications just to reduce pill count burden exposes patients to increased cardiovascular risks and is not patient-centered."

In large clinical trials and clinical effectiveness studies, the benefits of statins have substantially outweighed their potential risks, Fonarow said.

The report was published online June 14 in the journal *JAMA Network Open*.

**More information:** For more on statins, see the [U.S. National Library of Medicine](#).

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