STATINS

CONSIDER STATINS IN/FOR

- symptomatic cardiovascular disease
- history of angina or MI
- occlusive arterial disease
- peripheral vascular disease
- non-haemorrhagic stroke
- TIAs
- *all* > 40 years with DM
- younger patients with diabetes [if there is target-organ damage, poor glycaemic control (HbA_{1c} > 9%), low HDL, raised triglyceride concentration, hypertension, or a family history of premature CVD.
- prevention of CVD events in those with increased risk
- TC /HDL ratio > 6

CAUTIONS

- hypothyroidism should be managed adequately before starting a statin

MEASURE LIVER ENZYMES

- before treatment
- repeat within 3 months
- repeat at 12 months of starting treatment

Serum transaminases **< 3 times the upper limit** → **do not** routinely exclude statins.

Serum transaminases **> 3 times the upper limit** → **discontinue** statin.

Use with caution in those with risk factors for myopathy or rhabdomyolysis

Patients should be advised to report unexplained muscle pain.

Avoid in acute porphyria [but rosuvastatin is thought to be safe].

MUSCLE EFFECTS likelihood increases with

- higher doses
- fibrate therapy
- drugs that increase the plasma-statin concentration [eg macrolides, antifungals, ciclosporin]

Patients at increased risk of muscle toxicity:

- personal or family history of muscular disorders
- high alcohol intake
- renal impairment
- hypothyroidism
- elderly

If muscular symptoms or raised CK on statins

exclude other causes first

If statin suspected

Stop if CK > 5 times upper limit

Stop if muscular symptoms severe

If symptoms resolve and CK normal → reintroduce at lower dose