Stephen Kopecky, M.D. Cardiologist Mayo Clinic

Transcript

Statins: What You Need to Know

Statins: What are they and why take them?

"Statins are the vernacular term that we use for the drugs that lower cholesterol. And they work by blocking a pathway in our liver that makes cholesterol. And the problem with our society is we tend to eat a lot of foods that raise our cholesterol. And that then leads to problems with our arteries starting to get plugged. And then we have heart attacks and strokes."

Four groups who should take statins

"Statins are recommended for basically four groups. The guidelines came out a couple

of year go. If you've had a heart attack, had a stroke, had a bypass or a stent or balloon angioplasty, you should be on a statin. The second group are the diabetics, and if diabetics have a risk for heart attack, if they haven't had one, if they're at risk for a heart attack over a certain percent, they ought to be considered for them. The third group are the people that aren't diabetics, but just have high risk for heart attack. And over about 7 1/2percent over the next 10 years, your risk for heart attack or stroke, they should be on a statin. And then finally, the group that just has high cholesterol, which is usually a genetic basis, things called hypercholesterolemia."

Statins and elderly

"The studies have shown that they are beneficial and the statins are beneficial to lower heart attack. And the higher your risk, the more the benefit, and the highest risk patients we have really are the elderly."

Statins over time

"When you're 65, if we give you a medicine to lower your cholesterol, like a statin, by about 50 percent, that will lower your risk of heart attack for the rest of your life. However, when you're 45, if we give you something to lower your cholesterol only 10 percent, that will lower your risk of heart attack throughout your lifetime as much as waiting until your 65 and lowering it 50 percent. So a little bit early on does a whole lot of good later."

Side effects

"Statins are not without risk. They, the number one problem with statins is that they do block a pathway in the liver, and so anytime you block a pathway, there's a build up of products upstream from that

pathway, and then a dearth of products downstream from that pathway. Now, the LDL cholesterol is the one downstream we try to block. But there's some side effects from that and the number one is muscle aches."