

## Overprescription of Statins

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**Received date:** November 9, 2020; **Accepted date:** November 24, 2020; **Published date:** December 2, 2020

**Citation:** Taimeh Z et al (2020) Overprescription of Statins. J Cardiovasc Med Ther Vol. 3 No. 4:3.

### Abstract

Statins are a class of drugs often prescribed by doctors to help lower cholesterol levels in the blood. By lowering the levels, they help prevent heart attacks and stroke. There are various forms of statins, some of which include atorvastatin, fluvastatin, lovastatin, pravastatin, pravastatin, rosuvastatin, and simvastatin. Combination preparations of a statin and another agent, such as ezetimibe/simvastatin, are also available. Statin drugs work by blocking the action of the liver enzyme that is responsible for producing cholesterol.

**Keywords:** Statins; stroke; obesity; liver enzyme

Statins are a class of drugs often prescribed by doctors to help lower cholesterol levels in the blood. By lowering the levels, they help prevent heart attacks and stroke. There are various forms of statins, some of which include atorvastatin, fluvastatin, lovastatin, pravastatin, pravastatin, rosuvastatin, and simvastatin. Combination preparations of a statin and another agent, such as ezetimibe/simvastatin, are also available. Statin drugs work by blocking the action of the liver enzyme that is responsible for producing cholesterol.

The use of HMG Co-A reductase inhibitors, colloquially known as statins, represent one of the most prescribed class of medications in history, exceeding 200 million prescriptions per year in the U.S. alone [1]. The confounding variable of adult onset diabetes (T2D) has added hundreds of millions of additional prescriptions to what are already prescribed [1], in a battle surrounding the inflammatory diseases plaguing modern civilization - diabetes, coronary artery disease and obesity [2]. Coupled with more than 10 million diagnostic studies done per year looking for heart disease [3], and the misrepresentation of how those drugs work [4].

In addition to what is already published about these drugs, are the unpublished studies one is only privy to as a reviewer for medical journals and conference presentations. Being such a reviewer, the first author has had the opportunity to see information which most physicians remain unaware of. This information would undoubtedly modify the prescribing practice of many medical colleagues.

Statin therapy may be associated with a variety of musculoskeletal disorders, including myopathy, myalgias, muscle weakness, back conditions, injuries, and arthropathies [5]. These disorders may be particularly problematic in older people and may contribute to physical deconditioning and frailty. Statins have also been associated with cognitive dysfunction, which may further contribute to reduced functional status, risk of falls, and disability. The combination of these multiple risks shows that statin therapy in older adults may be associated with an increased mortality rate should be considered before prescribing or continuing statins for patients in this age category [6].

The over prescription of drugs, either through misrepresentations made to the FDA or over zealous marketing to physicians needs to be addressed [7-9]. This over prescription has burdened the health care system without demonstrating the benefit promised. If these drugs truly provide enhanced length and quality of life for those taking them, then there should be no problem with increased transparency and discussion of their use. Such discussions and transparency are long overdue [10,11].

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