

Choosing the Right Statin for Your Patient

Cardiovascular Disease Is a Global Epidemic

Cardiovascular disease is a global epidemic that affects adults of all ages, and while cholesterol management begins with lifestyle, statins are the cornerstone of therapy for reducing low-density lipoprotein cholesterol (LDL-C) and preventing cardiovascular (CV) events.^[1,2]

Key Guideline Recommendations

The 2018 American College of Cardiology/American Heart Association (ACC/AHA) guidelines updated the treatment targets for LDL-C in select patients, especially in higher-risk groups, and emphasizes patient communication for shared decision-making, especially for patients at intermediate risk receiving primary prevention care.^[3]

This is particularly true for complex patients, such as those with diabetes, metabolic syndrome, and HIV.

- The 2018 ACC/AHA cholesterol guidelines recommend that individuals aged 40 to 75 years with diabetes be placed on a moderate-intensity statin regimen, regardless of atherosclerotic cardiovascular disease (ASCVD) risk
- In patients with clinical ASCVD or severe primary hypercholesterolemia, reduce LDL-C with high-intensity statin therapy or maximally tolerated statin therapy

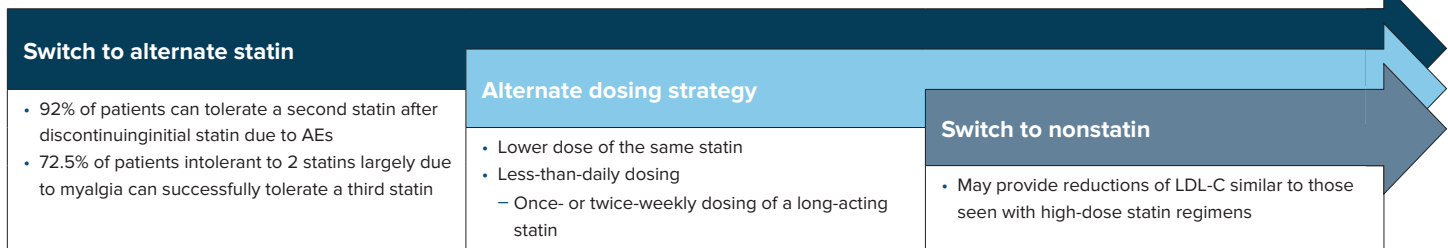
Did you know pharmacokinetic profiles among statins differ greatly?

- Pharmacokinetic profiles among statins are heterogeneous, and **their metabolic profiles differ, as well as their interactions with common medications**
- Lipophilic statins are extensively metabolized, primarily by cytochrome P450 (CYP) isozymes, but hydrophilic statins are excreted mainly unchanged and not susceptible to metabolic drug-to-drug interactions
- **New-onset diabetes** develops in approximately 10% of individuals taking certain statins (eg, atorvastatin), which raised concerns about the diabetogenic potential of statins^[4,5]
- Pitavastatin is a moderate intensity statin that has a metabolic profile that does not affect endogenous glucose production, hepatic or whole-body insulin sensitivity, or levels of fasting glucose, glycated hemoglobin (HbA1c), or liver fat,^[6,7] and data suggest that pitavastatin decreased HbA1c in patients with type 2 diabetes with a higher baseline HbA1c level^[8]
- **Know your statin**, especially when adding to a complex patient, i.e, the elderly, patients with HIV, and any patient on multiple drug therapies

Statin-Associated Side Effects (SAMS)

- Occur bilaterally and symmetrically in skeletal muscles
- Affect large proximal muscles of the extremities
- Are persistent

How to Manage SAMs and Improve Adherence: Don't Give Up^[9]



AE = adverse event.

Team Based Multidisciplinary Approach

The whole team needs to be involved, including physicians, pharmacists, nurse practitioners (NPs), nurses, dieticians, etc.

- NPs: care transitions, patient education, and chronic management
- Clinical nurse specialists may focus on development/improvement of CV programs
- Physicians: evaluate patients, recommend treatment and cardiac rehabilitation, and nephrologists and diabetologists also key for lipid management
- Pharmacists: preventive care, medication adherence, managing complex drug therapy, medication reconciliation during care transitions
- Dieticians: important to help implement lifestyle changes
- Don't forget, you have the ability to make treatment work! The benefits of intensive statin use in CV risk reduction greatly outweigh risks!

References

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