



Why South-East Asia does not need statins

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Abstract:

Are statins harmful or helpful?

Today, statins, also known as HMG-CoA reductase inhibitors, are a class of lipid-lowering medications, and one of the most commonly prescribed class of drugs to lower cholesterol - with sales estimated to approach \$1 trillion by 2020.¹ Despite the widespread use of statins to lower cholesterol and reduce cardiovascular morbidity and mortality, half of the patients prescribed statins in primary care fail to reach healthy cholesterol levels after two years of treatment with these drugs. Drugs like Atorvastatin (Lipitor) and Fluvastatin (Lescol) provide little value to people without heart disease.² Used in this way, statins are not only of low value care, but in many cases, represent a waste of health care resources and may even have undesirable side effects. Worryingly, heart-healthy users represent a sizable number of statin users.

Changes in clinical guidelines have increased the number of people eligible to take statins. In many countries, the majority of people taking the drugs do so for primary prevention. A 2019 study from Ireland found that the proportion of adults older than 50 years eligible for statins rose from 8% under 1987 guidelines to 61% under 2016 guidelines.³ That means a far greater number of lower-risk people became eligible for statin treatment. The number of people who would need to be treated with statins to prevent a major cardiovascular event also increased substantially, from 40 at the lowest risk under 1987 guidelines, to 400 at the lowest risk under 2016 guidelines. As part of the study, the investigators also analyzed primary prevention data for people with an average age of 62 to 69, who were taking statins for one to five years. Overall, there were significant reductions in death from any cause, cardiovascular deaths, and major coronary or cardiovascular events. However, when the baseline risk of developing heart disease was taken into account, most outcomes were not statistically significant, raising uncertainty about the benefits of statins for primary prevention. The findings showed that none of the people classified as low or moderate risk in primary prevention would achieve acceptable levels of risk reduction to justify taking a daily statin.



Biography:

Karl J Neeser is one of Switzerland's leading anti-aging research scientists, and author of several anti-aging books. He has been a Professor at Lausanne University/Switzerland for more than 20 years. Today he is a worldwide appreciated health consultant, key speaker, board member, and senior lecturer at the American Academy of Anti-Aging Medicine A4M. He lives in Switzerland and Bangkok/Thailand where he is currently a Professor at the Chulalongkorn University Bangkok, College of Public Health Science. Karl works with scientists from Canada in the field of Molecular Resonance Effect Technology and its influence on human physiology. He earned Master degrees in Exercise Physiology and Physical Education at Eidgenössische Technische Hochschule Zürich as well as a Doctor degree in Philosophy & Health Science at Columbus State University.

Recent Publications:

- Buddhist religious practices and blood pressure among elderly in rural Uttaradit Province, northern Thailand
- USING A TEMPLE-BASED EDUCATION PROGRAMME ON BLOOD PRESSURE REDUCTION AMONG BUDDHIST ELDERLY IN RURAL UTTARADIT PROVINCE, NORTHERN THAILAND.
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