LETTER TO THE EDITOR

CHALLENGES OF A STATIN TRIAL IN OLDER PEOPLE

To the Editor: To clarify whether starting statin treatment in healthy older people is beneficial or harmful, the National Institute on Aging and the National Heart, Lung, and Blood Institute multidisciplinary expert panel recommends randomized controlled trials in people aged 75 years and older.1 Although well in line with evidence-based medicine, in this instance I would not be enthusiastic about the overall benefits of such trials. Remembering the Hypertension in the Very Elderly Trial (HYVET) in people aged 80 years or older,2 and frequent use of statins among older people today, participant recruitment for a placebo-controlled trial would be cumbersome. Furthermore, the interpretation of results for the whole older population would be challenging.

Contrary to the treatment of hypertension, which even in old age seems to rapidly alleviate heart burden and reduce incident heart failure (as demonstrated in HYVET2), such rapid effects appear less likely with treatment of hypercholesterolemia in older people. Because of competing causes of mortality, my educated guess is that no effect could be demonstrated. Of course, that result would give valuable advice against starting a statin in primary prevention after the age of 75 to 80 years, but that is already assessed critically.3

My greatest fear is that a negative result in a primary prevention trial would falsely indicate statin treatment to be useless in all older people. This might lead to unnecessary discontinuation of ongoing statin treatments solely because of age. However, starting a statin before old age robustly prevents cardiovascular events,4 and accordingly, several observational studies show that older statin users do have a better prognosis,5 even irrespective of their functional status.6,7

Rather than putting resources on an unsecure and huge trial in people older than 80 years, more efforts should be made to promote starting and adhering to statin treatment well before old age among those with cardiovascular risk.

Timo E. Strandberg, MD, PhD
University of Helsinki, Clinicum, and Helsinki University Hospital, Helsinki, Finland
Center for Life Course Health Research, University of Oulu, Oulu, Finland

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REFERENCES

See the Reply by Singh et al.
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