Statins: the battle for hearts and minds

A decade ago, statins were hailed as wonder drugs, capable of preventing strokes and heart disease on an industrial scale. These potent inhibitors of cholesterol synthesis were shown to reduce cardiovascular morbidity with relatively few side-effects. Prescribing them to high- to moderate-risk patients was considered a public health no-brainer.

Then in 2013, the BMJ published a paper claiming the benefits of statins were overstated and their side-effects underestimated.1 Although the rate of side-effects such as muscle pains quoted in the article (18–20 per cent) was hotly disputed by some cardiologists and later revised to below 10 per cent, the public quickly lost faith in the drugs and uptake and prescribing plummeted.

The debate smouldered on, with both the mainstream media and health professionals continuing to undermine public confidence in statins. In 2014, a group of prominent clinicians wrote to Jeremy Hunt, the health secretary, accusing NICE in its statin prescribing guidance of “medicalising five million healthy individuals”.

Calling for guidelines to be shelved pending an independent review, they warned: “The potential consequences of not doing so are worrying; harm to many patients can result over many years, and the loss of public and professional faith in NICE as an independent assessor,” before hinting darkly of a conspiracy between researchers and drug companies. “Public interests need always to be put before other interests, particularly pharma,” they wrote.

The BMJ, long a self-proclaimed pharma foe, continued to lobby against widespread statin use, despite the authors of its original study withdrawing their conclusions after inconsistencies were found in the research.

Last month The Lancet stepped into the statins fray, publishing a review that cited the robust evidence for the safety and efficacy of statins.2 Editor Richard Horton launched a thinly-veiled attack on the BMJ “...because of our experience of MMR, we saw in a very painful way the consequences of publishing a paper which had a huge impact on confidence in a safe and effective vaccine. We learned lessons from that episode and those lessons need to be widely promulgated,” he wrote in an accompanying editorial.

Perhaps such remarks should be seen in the light of a sustained BMJ attack in 2011 on Horton and The Lancet for publishing Andrew Wakefield’s disastrously flawed MMR research and some may suspect a degree of score-settling.3

Prof Peter Weissberg, medical director of the British Heart Foundation, which funded The Lancet paper, also cast doubt on the neutrality of medical publishing. “We now know several of the leading medical journals have got axes to grind,” he said.

The end result of this saga is that public confidence in the prescribing community has taken a battering and many patients will be left wondering who to believe. Of course, explaining the risks and benefits of statins to individuals is a time-consuming process. As Richard Lehman of Cochrane UK blogged after The Lancet paper: “Taking lifetime preventative medication is an individual choice and we need to be practical – and humble – in our approach to informing and supporting it. The true work of shared decision making has scarcely begun.”4

References:
3. Deer B. The Lancet’s two days to bury bad news. BMJ 2011;342:c7001

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