



900 Studies Show Statin Drugs are Dangerous

A new paper published in the American Journal of Cardiovascular Drugs cites nearly 900 studies on the adverse effects of HMG-CoA reductase inhibitors, also called statins, which are a class of drugs widely used to treat high cholesterol. The review provides the most complete picture to date of reported side effects of statins.

Muscle problems are the best known of statin drugs' adverse side effects, but cognitive problems and pain or numbness in the extremities are also widely reported. A spectrum of other problems, ranging from blood glucose elevations to tendon problems, can also occur as side effects.

The paper summarizes evidence that statin-induced injury to the function of the body's energy-producing cells, called mitochondria, underlies many of the adverse effects that occur to patients taking statin drugs. Statins lower levels of coenzyme Q10, a compound central to the processes of making energy within mitochondria and eliminating dangerous compounds called free radicals.

Higher statin doses and more powerful statins are linked to greater risk of developing side effects.

Statin, which are a class of drugs used to lower your cholesterol, are among the most commonly prescribed medications in the world.

Use of statins rose by a whopping 156 percent between 2000 and 2005, rising from 15.8 million people to 29.7 million people. Spending on these drugs jumped from \$7.7 billion to \$19.7 billion annually over the same period.

The Side Effects of Cholesterol-Lowering Drugs

Often statin drugs have no immediate side effects, and often lower cholesterol levels by 50 points or more. This makes it appear as though they're benefiting your health, and health problems that appear down the line are frequently not interpreted as a side effect of the drug, but rather as brand new, separate health problems. But there's an ever-growing body of evidence showing that potentially serious side effects begin to manifest several months after the commencement of therapy.

Some of the possible long-term consequences of taking statins:

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- Cognitive loss
- Neuropathy
- Anemia
- Acidosis
- Frequent fevers
- Cataracts
- Sexual dysfunction

Other serious and potentially life threatening side effects include, but are not limited to:

- An increase in cancer risk
- Immune system suppression
- Serious degenerative muscle tissue condition (rhabdomyolysis)
- Pancreatic dysfunction
- Hepatic dysfunction. (Due to the potential increase in liver enzymes, patients must be monitored for normal liver function)

According to the latest review published in the American Journal of Cardiovascular Drugs, adverse effects are dose dependent, and your health risks are also amplified by a number of factors, such as:

- Drug interactions that increase statin potency
- Metabolic syndrome
- Thyroid disease
- Other genetic mutations linked to mitochondrial dysfunction

How Statin Drugs Can Damage Muscle Cells

The most common side effect is muscle pain and weakness, a condition called rhabdomyolysis. Unfortunately, many older adults are likely unable to distinguish between muscle pain related to a statin effect versus an effect of aging, and therefore adverse effects of statins in older adults may be grossly under-reported.

Researchers have now discovered that there is more than one way this condition can arise as a result of taking statins, including:

- Depleting your body of Co-Q10, a nutrient that supports muscle function. In Japan and Canada it is considered medical malpractice to prescribe a statin drug without also prescribing CoQ10.

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- Altering the ability of skeletal muscle to repair and regenerate due to the anti-proliferative effects of statins. In one recent study, the viability of proliferating cells was reduced by 50 percent at a dose equivalent to 40 milligrams of Simvastatin – the dose per day used in some patients. This could clearly have a negative effect on your skeletal muscles’ ability to heal and repair themselves, and could lead to eventually becoming more or less incapacitated.
- Activating the atrogen-1 gene, which plays a key role in muscle atrophy.

The breakdown of skeletal muscle tissue can in turn also lead to kidney failure.

The industry insists that only 2-3 percent of patients get muscle aches and cramps but according to one study, 98 percent of patients taking Lipitor and one-third of the patients taking Mevacor (a lower-dose statin) suffered from muscle problems.

Adding insult to injury, active people are actually more likely to develop problems from statin use than those who are sedentary. In a study carried out in Austria, only six out of 22 athletes with familial hypercholesterolemia were able to endure statin treatment. The others discontinued treatment because of muscle pain.

The Importance of CoQ10

There are no official warnings in the U.S. regarding CoQ10 depletion from taking statin drugs, and many physicians fail to inform you about this problem as well. Labeling in Canada, however, clearly warns of CoQ10 depletion and even notes that this nutrient deficiency “could lead to impaired cardiac function in patients with borderline congestive heart failure.”

Coenzyme Q10 is an antioxidant compound that is central to the process of energy production within your mitochondria, and in the quenching of free radicals. Statins have been found to impair mitochondrial function, which leads to increased production of free radicals.

At the same time, statins also lower your CoQ10 levels by blocking the pathway involved in cholesterol production – the same pathway by which Q10 is produced. Statins also reduce the blood cholesterol that transports CoQ10 and other fat-soluble antioxidants.

The loss of CoQ10 leads to loss of cell energy and increased free radicals which, in turn, can further damage your mitochondrial DNA, effectively setting into motion an evil

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circle of increasing free radicals and mitochondrial damage. This explains why statins are particularly dangerous if you have existing mitochondrial damage, as your body relies on ample CoQ10 to bypass this damage.

High blood pressure and diabetes are linked to higher rates of mitochondrial problems, so if you have either of these conditions your risk of statin complications increases, according to the authors of this latest review.

Additionally, since statins can cause progressive damage to your mitochondria over time, and your mitochondria tend to weaken with age anyway, new adverse effects can develop the longer you're on the drug.

Said co-author Beatrice Golomb, MD, PhD:

"The risk of adverse effects goes up as age goes up, and this helps explain why. This also helps explain why statins' benefits have not been found to exceed their risks in those over 70 or 75 years old, even those with heart disease."

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