CENTRIC HEALTH
Research & Education Foundation

NEWSLETTER

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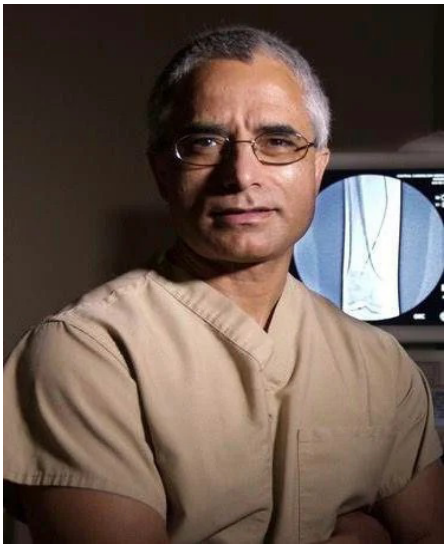
Community Voices: Statins: the myth, the med, the legend - Brij Bhambi, MD



Statins belong to a class of medication that is a myth-shattering legend, yet an entire cottage industry thrives upon its alleged injurious profile. Some allegations merit explanation to be weighed appropriately against pros and cons.

Let's review the prevailing facts and the supporting data.

Facts

According to WHO, roughly 55-plus million people die every year. Cardiovascular disease is responsible for nearly one-third of those deaths, at 18 million.

In the USA, of the nearly 3.5 million deaths yearly, cardiovascular disease claims more than a quarter of victims (excluding the COVID-induced variances.)

The common factors contributing to cardiovascular disease are nature (genetics, gender, aging) and nurture (lifestyle, diet, exercise, smoking, addictions, etc.) and their sequelae; hypertension, diabetes, cholesterol, inflammatory diseases, and metabolic syndromes. Nature, by definition, is above our pay scale. We can't change our parents or assigned sex at birth (I will abstain from the intricacies of the debate), and passing years are unalterable. It's in nurture the potentially vulnerable may find the tools for salvation.

We have observed an interesting paradox in the prevalence of risk factors for cardiovascular disease, prevalence of cardiovascular disease, and mortality attributable to cardiovascular disease. As the obesity and diabetes rates have galloped in the developed world, the mortality rates from cardiovascular disease have plummeted by more than fifty percent. Technological advances, improved crisis intervention, and reduction in smoking have all played a constructive part.

Here in Kern County, at our peak, nearly a thousand residents needed open heart bypass surgeries a year at the turn of the millennium. That number is down to 300 now. The minimally invasive procedure of cather-based stent intervention has made some surgeries unnecessary, but the answer runs deeper. A mechanical solution to clogged plumbing has been increasingly rendered irrelevant by Mr. Plumber, aka statins.

The med

Statins prevent an enzyme in the liver that's critical in cholesterol synthesis. Statins lower LDL (bad cholesterol) and increase HDL (good cholesterol).

Statins stabilize plaque in arteries to help minimize heart attack and stroke risk. Statins can also reverse the plaque burden by almost 25 percent.

The efficacy of statins extends beyond the headline cholesterol lowering. Statins have a halo effect, like a gene impacting multiple expressions. It's termed a pleiotropic effect, buy one get a few for free, in sales parlance. The inner lining of blood vessels is called the endothelium. Endothelial health is the most accurate measure of health.

(How is your endothelial health, buddy?)

Statins improve endothelial health. Statins have anti-inflammatory, immune-modulatory, antioxidant, anti-proliferative and anti-clotting effects. But the truth is in the pudding; time to visit the legend.

The legend

In a meta-analysis, while examining aggregate data from multiple studies, there is a consistent reduction in cardiovascular events by nearly a quarter. Additionally, there is a more than 10 percent all-cause mortality reduction.

I often tell my patients that my role is to make me useless to them, and I lean heavily on statins to fulfill that promise.

The challenge

Many among us harbor an innate resistance towards medicine. It's an honorable trait as long as it's not suicidal; that will defeat the purpose. There is no doctor that I know of who makes money by prescribing statins. Statins went generic a while ago. While statins are overprescribed to many who don't need them, statins are most commonly underprescribed and used in ineffective dosages among the most likely to benefit.

The first step in preventing cardiovascular disease is a lifestyle change. Statins are not a substitute for decadence in choice. Diet, exercise and statins are the sacred triad for the cardiovascularly challenged.

The myth

I spend an inordinate amount of time trying to convince the reluctant who are most likely to benefit from a statin. The reluctant have done the research and hold firm in their convictions. They know all the havoc statins will unleash on their bodies they behold as a temple. It's called a "nocebo" effect; people convinced about the side effects of the statins are the likeliest to get it.

The likeliest side effects of statins are muscle and joint pains. In real life, maybe 20 percent of patients will require a switch in treatment.

The much-feared cognitive side effects have flimsy and anecdotal evidence. The pooled data show lowered dementia rates because of reduced plaque-based damage to the brain. However, in my 30-plus years of treating atherosclerosis, I remember three patients who suffered reversible cognitive effects from statins. I have easily written hundreds of thousands of prescriptions during that timescape. There is no accounting of dementias saved.

Liver damage is another feared side effect that's rare and reversible.

Less than one in a few million can get massive muscle damage and kidney shutdown that can even eventuate in death.

Statins can unmask diabetes in the metabolically inclined by a few weeks. But, people with diabetes need statins more than their neighbors because cardiovascular disease is the primary mortality threat to people with diabetes.

The conclusion

Statins are not a cure-all silver bullet. Prevention is a problematic measure at an individual level. No metric captures a missed heart attack. Yet, social media will surely be lit up with Aunt Jane Doe's joint pains ascribed to statins, sitting safely in the bathroom closet. At the same time, Aunt Jennie, without the insulting statins, will suffer her arthralgias in silence. All other Doe's will keep living off the grid, free of heart attacks and strokes, thanks to the statins.

The med is not a myth but a legend.

COVID-19 Update - William Baker, MD

After over 3 years of a devastating pandemic, the public health emergency due to Covid 19 has officially ended. Unfortunately, that does not mean that illness from the SARS coronavirus-2 has disappeared. Covid 19 infections are still occurring but a much lower rate. In addition, the rate of hospitalizations, deaths, emergency room visits and test positivity has dramatically decreased. The trends for 2023 are illustrated in the graph below.

Current CDC guidelines include:
1) Masking only for vulnerable individuals and in high-risk environments

2) Bivalent mRNA vaccine boosters as an option for high-risk individuals on a case-by-case basis

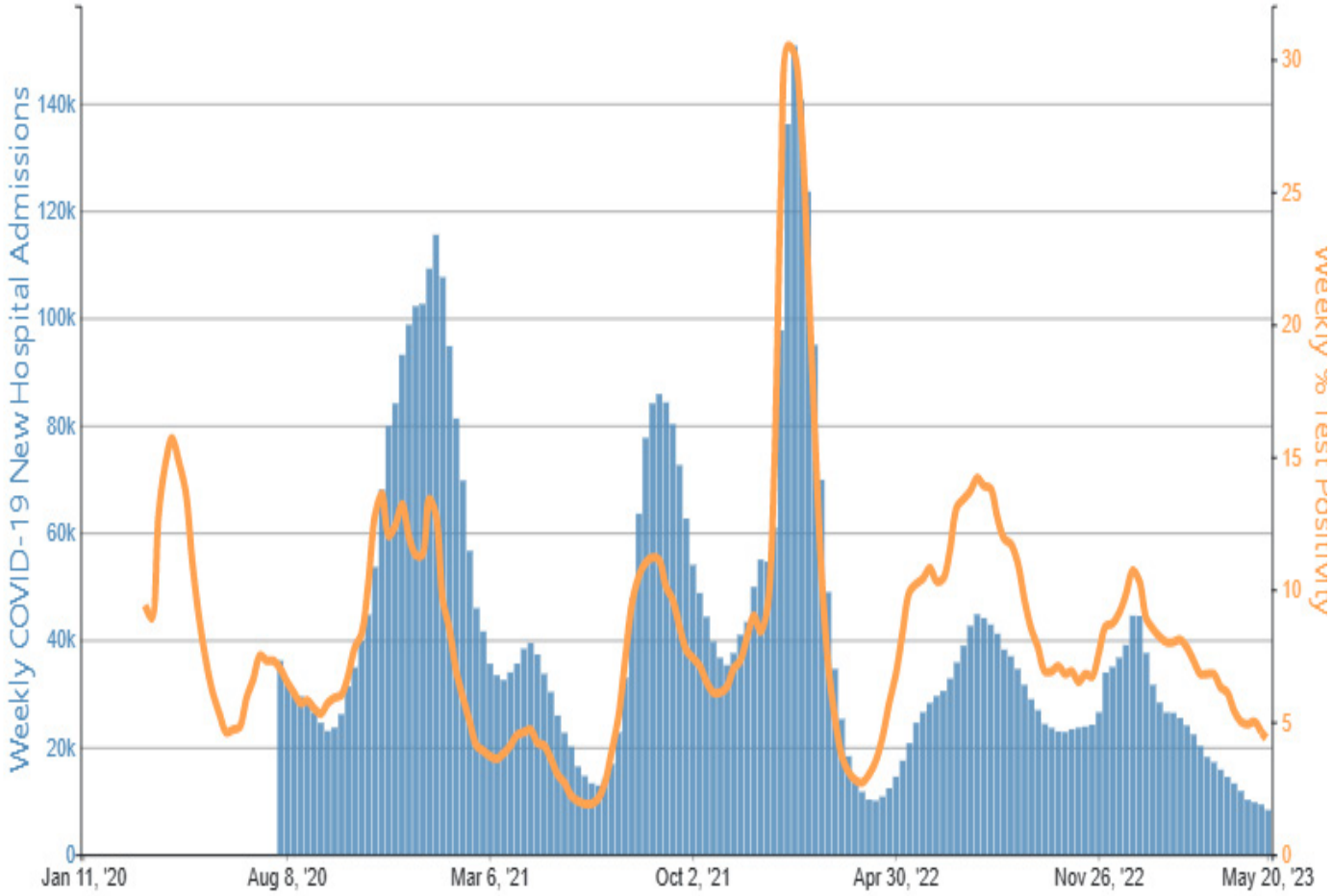
3) Paxlovid early in the course of illness for at risk individuals (older than 50, being unvaccinated or not up to date on your booster shots, and health conditions including diabetes, heart conditions, a body mass index classified as obese, pregnancy or recent pregnancy, smoking, physical inactivity, and mental health conditions including depression)

4) Regardless of vaccination status, if you are infected with Covid, isolation is required for 5 days and if no continuing symptoms and a negative Covid rapid test, isolation may end but continue masking for the next 5 days. Mask with a high quality N95 mask.

Please remember that Covid 19 risk of infection has decreased but not ended. New variants have arisen which could again pose a major public health risk. Pay attention to public announcements from the CDC and follow the advice of your physician regarding vaccination, masking and treatment.

Stay Safe!

Weekly Trends in COVID-19 New Hospital Admissions and COVID-19 Nucleic Acid Amplification Test (NAAT) Percent Positivity in The United States Reported to CDC



Accessible version: https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html

Isolate and take precautions if you have or suspect you have COVID-19

ISOLATION

Stay home and away from others

Wear a high-quality mask if you must be around others

Start counting days

Day 0 is the day your symptoms started

If you never had symptoms, day 0 is the day you took a COVID-19 test

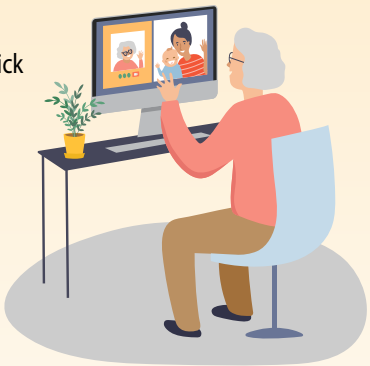
Watch for emergency warning signs, like trouble breathing

Seek help if they develop

AFTER ISOLATION

Until at least day 11, avoid being around people who are more likely to get very sick

Wear a high-quality mask when around others indoors



Removing your mask

After ending isolation, wear your mask through day 10

OR

Take 2 antigen tests, 48 hours apart

If both tests are negative, you may remove your mask sooner than day 10

ENDING ISOLATION

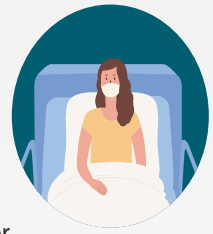
Isolate to day 6 or later, if you

- never had symptoms or symptoms are improving, and
- are fever-free for 24 hours without the use of fever-reducing medication

Continue to isolate if your fever persists or other symptoms have not improved

Isolate through day 10, if you experienced moderate illness, like shortness of breath or difficulty breathing

Isolate through day 10 and talk with a healthcare provider before you end isolation, if you



- were hospitalized, or
- have a weakened immune system

USPSTF – Preventive Medicine Guidelines

The United States Preventive Services Task Force (USPSTF) is an independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services. The task force is a volunteer panel of primary care clinicians including from Internal Medicine, Pediatrics, Family Medicine, Obstetrics and Gynecology, Nursing and Psychology with methodology experience including epidemiology, biostatics, health services research, decision sciences, and health economics. It is funded, staffed and appointed by the US Department of Health and Human Services Agency for Healthcare Research and Quality.

The intent of the USPSTF is to evaluate scientific evidence to determine whether medical screenings, counseling and preventive medication work for adults and children who have no symptoms. There is no weight given to cost effectiveness. American insurance companies are required to cover at no cost to the patient any service the USPSTF recommends, no matter the cost or how small the benefit.

The Task Force assigns a letter grade A, B, C, D or I to each of its recommendations and includes "suggestion for practice" for each grade. Primary Care practitioners then use these guidelines to inform their recommendations to patients regarding preventive care.

Grade	Result	Meaning
A	Recommended	High certainty that the benefit is substantial
B	Recommended	High certainty that the net benefit is moderate to substantial
C	Not Recommended	For most individuals without signs or symptoms there is likely to be only a small benefit. Clinicians may provide the service to selected patients depending on individual circumstances.
D	Recommended against	Task Force recommends against this service. Moderate or high certainty that the service has no benefit or that the harms outweigh the benefits
I	Insufficient	Current evidence is insufficient to assess the benefits and harms

Guidelines are available for breast cancer screening, colon cancer screening, prostate cancer screening, cholesterol and diabetes screening, hypertension screening and many other disorders. Guidelines are also available for the use of statin drugs in the prevention of heart attack and stroke (as discussed by Dr. Bhambi in the lead article for this issue.)

Physician practice is guided and the quality of medicine is enhanced when physicians follow USPSTF and similar guidelines rather than simply practice based on their own individual training and experience.

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2023

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	2- or 3-dose primary series and booster (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
or	or			
Influenza live, attenuated (LAIV4)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, see notes
Varicella (VAR)	2 doses (if born in 1980 or later)	2 doses		
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			See Notes
				See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
	19 through 23 years			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

Centric Health

Centric Health is a multispecialty medical group comprised of many of the most outstanding medical professionals and medical groups in Bakersfield dedicated to providing the highest quality of medical care in a rapidly changing health care landscape. Centric Health was developed to enable physicians to do their best work and to assure access to high quality care for residents of our community. Centric Health includes a broad spectrum of medical specialties and services designed to meet the many needs of patients.

The Physicians and healthcare professionals at Centric Health Medical Offices offer an array of services ranging from Cardiology, Vascular, Primary Care, Endocrinology, Pulmonology, Urgent Care, and Diagnostic Imaging.

- Central Cardiology Medical Center
- Preferred Family Care
- Sillect Medical Centers
- Kern Endocrine Center
- WF Baker MD and Associates
- J. Foster Campbell, MD
- Golden Valley Medical Associates
- Harjeet Singh, MD
- Susan Hall, MD
- Dr. Ashraf - Pulmonology
- Clinica Del Valle
- Golden State Hospitalists
- Centric Health Imaging
- Centric Urgent Care