



# Statins: who takes them and why?

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# Background

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- The National Institute for Health and Clinical Excellence (NICE) recommends statin therapy as part of the management strategy for the primary prevention of cardiovascular disease (CVD) for adults with 20% or greater 10-year risk of developing CVD.
- This may result in more than half of the men aged over 50 years and 20% of the women over 65 years being considered for lipid lowering therapy.

## Background (2)

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- Reported rates of statin continuation are approximately 87% after 3 years in primary prevention trials, and approximately 75% after 4 years in secondary prevention trials.
- Epidemiological studies report continuation rates as low as 25%, although rates differ by population.

A decorative graphic on the left side of the slide, consisting of two overlapping semi-circles. The top one is dark blue and the bottom one is a lighter teal color.

## Aim of the review

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- To determine reasons why people do, or do not take prescribed statins

# Methods of the review

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- Usual systematic searching and reviewing protocols were followed.
- Not limited by study design, population, or setting, but restricted to English language papers only.
- Re-reviewed the randomised controlled trials (RCTs) included in the Cochrane review on improving adherence to lipid-lowering medication.
- Planned to use a simple, narrative report of the reasons for adherence as reported by patients.



## Results

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- 292 papers were identified.
- One qualitative study and two RCTs explored patients' perspectives on compliance to statin therapy.
- Additional studies reported healthcare professionals' views on patient reasons for adherence.

## Results (2)

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- In the qualitative study, patients' perspectives were explored using in-depth interviews.
- Acceptance and compliance were found to be related to provision, interpretation and feedback of information, and beliefs about health status, cholesterol and recommended treatment(s).

# Patient-healthcare provider communication

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- Initiation of therapy
  - Perceptions of the primary purpose of the consultation
  - Healthcare practitioner emphasis on drug treatment
  - Provision of information
- Subsequent feedback
  - Lack of feedback (including test results)
  - Unexplained changes
  - Lack of clarity
- Sources of misconceptions
  - On various topics
  - Misunderstanding

Adapted from Tolmie et al.  
Patients' perspectives on statin therapy for treatment of hypercholesterolaemia: a qualitative study.  
European Journal of Cardiovascular Nursing 2003; 2(2):141-149

# Health beliefs

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- Unconditional acceptance
  - High regard and trust
  - Often occurred after a significant clinical event
  - Belief that good medication compliance allowed a more flexible approach to dietary modifications
- Conditional acceptance
  - Questioned the need for medication
  - Conflict between recommended treatment and patient's behaviour
  - Side effects used as a reason to justify medication taking
- Deferment and rejection
  - Lack of symptoms
  - General level of scepticism of medicine

Adapted from Tolmie et al.  
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# Other factors for stopping statins

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- Reported reasons from two RCTs were
  - patient decision
  - side effects,
  - cost
  - doctor decision
  - normal serum cholesterol
- Other factors found to be associated with adherence included age, race, prescription of other medications, education, and presence of other CV risk factors.

# Healthcare professionals' perceptions

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- Healthcare professionals' perceptions of patient barriers were
  - attitude
  - reluctance to take 'extra tests and tablets',
- There was no further discussion of why there is a perceived reluctance, but there was an acknowledgement that there were significant differences in understanding about CVD between patients and prescribers.

# Discussion

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- This is an exploratory review, and trials may have been missed if reasons for continuation of statins were not reported in the abstract.
- Questions are raised by the limited findings
  - What is the value of understanding patient barriers to adherence?
  - How should this be used when delivering clinical care or designing interventions to improve adherence?
  - To what extent are barriers to adherence to statins different to, or the same as, other cardiovascular medications?
  - How do barriers differ by patient population?

## Conclusions

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- Initial findings indicate that there is a perception that patients are 'reluctant' to take statins, especially in the longer term, but there are little data on why patients are 'reluctant'.

Further research is needed to ascertain why people do or do not take statins as prescribed.