

## **Hollyoaks Medical Centre**

### **Patient Information Leaflet**

#### **Cardiovascular Disease Risk & Statins**

This leaflet is intended to help you to make up your mind whether or not to take a Statin tablet to help reduce your risk of having a Heart Attack or developing Angina (Together called coronary heart disease or CHD), or of having a Stroke.

We can estimate how likely it is that you will develop CHD or have a Stroke (together called Cardiovascular Disease) over the next 10 years.

#### **Your estimated risk is-**

This estimate is based on things such as your age and sex, family history, blood pressure, cholesterol level, height and weight and whether or not you smoke. Please note that all of us have some degree of risk – no-one has a risk of 0%. However, it is important to remember that no one can say for certain if you will develop CHD or have a stroke, or when it will happen if it does and that although taking a Statin will prevent some of the people who take it from developing CHD or having a Stroke, these things will still happen to some of the people who take a Statin. So we cannot guarantee that you personally would benefit from taking a Statin. Improving your diet, stopping smoking, reducing your alcohol intake, reducing your weight and taking more exercise can help reduce your risk of Cardiovascular Disease and we recommend that you should, where appropriate, try doing these things before thinking about taking a Statin. However if your estimated risk is >10% we are allowed to prescribe a Statin tablet for you should you wish. To help you make a decision please consider the following. (Further information can be accessed at:

[www.nice.org.uk/guidance/cg181/](http://www.nice.org.uk/guidance/cg181/)

[www.bhf.org.uk](http://www.bhf.org.uk)

[heartuk.org.uk](http://heartuk.org.uk)

[www.stroke.org.uk](http://www.stroke.org.uk)

If your Cardiovascular risk is 10% over 10 years if 100 people like this did not take a Statin, over the next 10 years 10 people would develop CHD or have a Stroke and 90 people would not. If all 100 people take Atorvastatin at the usual recommended dose for 10 years, over that time on average: 90 people will not develop CHD or have a stroke, but would not have done anyway 6 people will still develop CHD or have a stroke. 4 people will be saved from developing CHD or having a stroke so, of the 100 people, 4 (we cannot predict which) will benefit from taking the Statin, 96 will not. If your Cardiovascular risk is 15% over 10 years if 100 people like this did not take a Statin, over the next 10 years 15 people would develop CHD or have a stroke and 85 people would not. If all 100 people take Atorvastatin at the usual recommended dose for 10 years, over that time on average: 85 people will not develop CHD or have a Stroke, but would not have done anyway 9 people will still develop CHD or have a Stroke. 6 people will be saved from developing CHD or having a stroke so, of the 100 people, 6 (we cannot predict which) will benefit from taking the Statin, 94 will not. If your Cardiovascular risk is 20% over 10 years if 100 people like this did not take a Statin, over the next 10 years 20 people would develop CHD or have a Stroke and 80 people would not. If all 100 people take Atorvastatin at the usual recommended dose for 10 years, over that time on average: 80 people will not develop CHD or have a Stroke, but would not have done anyway 13 people will still develop CHD or have a Stroke. 7 people will be saved from developing CHD or having a Stroke so, of the 100 people, 7 (we cannot predict which) will benefit from taking the Statin, 93 will not. If your Cardiovascular risk is 25% over 10 years if 100 people like this did not take a Statin, over the next 10 years 25 people would develop CHD or have a Stroke and 75 people would not. If all 100 people take Atorvastatin at the usual recommended dose for 10 years, over that time on average: 75 people will not develop CHD or have a Stroke, but would not have done anyway 16 people will still develop CHD or have a Stroke. 9 people will be saved from developing CHD or having a Stroke so, of the 100 people, 9 (we cannot predict which) will benefit from taking the Statin, 91 will not. If your Cardiovascular risk is 30% over 10 years if 100 people like this did not take a Statin, over the next 10 years 30 people would develop CHD or have a Stroke and 70 people would not. If all 100 people take Atorvastatin at the usual recommended dose for 10 years, over that time on average: 70 people will not develop CHD or have a Stroke, but would not have done anyway 19 people will still develop CHD or have a stroke. 11 people will be saved from developing CHD or having a stroke so, of the 100 people, 11 (we cannot predict which) will benefit from taking the Statin, 89 will not. If your Cardiovascular risk is 35% over 10 years if 100 people like this did not take a Statin, over the next 10 years 35 people would develop CHD or have a Stroke and 65 people would not. If all 100 people take Atorvastatin at the usual recommended dose for 10 years, over that time on average: 65 people will not develop CHD or have a Stroke, but would not have done anyway 22 people will still develop CHD or have a Stroke. 13 people will be saved from developing CHD or having a Stroke so, of the 100 people, 13 (we cannot predict which) will benefit from taking the Statin, 87 will not. If your Cardiovascular risk is 40% over 10 years if 100 people like this did not take a Statin, over the next 10 years 40 people would develop CHD or have a Stroke and 60 people would not.

If all 100 people take Atorvastatin at the usual recommended dose for 10 years, over that time on average: 60 people will not develop CHD or have a Stroke, but would not have done anyway 25 people will still develop CHD or have a Stroke. 15 people will be saved from developing CHD or having a Stroke so, of the 100 people, 15 (we cannot predict which) will benefit from taking the Statin, 85 will not. What does taking a Statin involve? You would take 1 tablet once a day. Treatment with a Statin is normally long term i.e. lifelong.

### **What are the risks of getting muscle pain while taking a Statin?**

Many people who take Statins experience muscle pain from time to time but in clinical trials about the same proportion of people overall had muscle pain at some point, whether they took dummy tablets or Statins. The UK independent safety regulator for medicines estimates that in every 1000 people who take Statins, over a year on average 2 of them will experience mild muscle pain. Muscle pain is most likely in the first 3 months of treatment. Rarely, some people taking Statins have developed abnormal muscle breakdown, which can lead to kidney problems and be life-threatening. The UK independent safety regulator for medicines estimates that for every 100,000 people who take Statins, over a year about 1 or 2 of them on average will experience this type of muscle damage.

### **What are the risks of developing Diabetes while taking a Statin?**

Some people who take Statins develop Diabetes, but some people of a similar age and lifestyle who don't take statins also develop diabetes. When atorvastatin 80 mg daily (the highest dose) was compared with a dummy tablet in a clinical trial, over an average of 5 years about 9 people in every 100 who took Atorvastatin developed Diabetes (and 91 in 100 did not), and about 6 people in every 100 who took dummy tablets developed Diabetes (and 94 in 100 did not). There is no good evidence to say. What the risk of Diabetes would be over a longer time period and it is possible that it would be less with lower doses of Atorvastatin. Some people are at greater risk of developing Diabetes whether or not they take a Statin. This includes people whose blood sugar is higher than normal, or who are overweight or obese.

### **What are the other common side effects of Statins?**

The following side effects can affect up to 1 in 10 people who take Atorvastatin (the Statin usually recommended): inflammation of the nasal passages, pain in the throat, nose bleed, allergic reactions, headache, nausea, constipation, wind, indigestion and diarrhoea. Other side effects have been reported with Statins, but are less common. For more information see the manufacturer's information leaflet, such as the one Pfizer has produced for Atorvastatin.

**Will I need any regular blood tests?**

Before you start taking a Statin, you will need to have a blood test to check how well your kidneys and liver are working. Your liver function will be checked again after 3 months of starting treatment and then a year later. Your cholesterol levels will be measured after 3 months of treatment and annually thereafter to see how well the Statin is working.

**Will I have to change what I eat and drink?**

Whether you take a Statin or not, you should try to eat a healthy diet. If you decide to take Atorvastatin you should not drink more than 1 or 2 small glasses of grapefruit juice per day because large quantities can change the effects of Atorvastatin.

**Will the Statin interact with other medicines I take?**

Some medicines may change the effect of Statins or their effect may be changed by Statins. This could make one or both of the medicines less effective or increase the risk or severity of side effects. If you are starting other medicines, including herbal medicines, or thinking about taking supplements, read the patient information leaflet or talk to a doctor or pharmacist first.

**IF AFTER READING THE LEAFLET YOU WISH TO BE PRESCRIBED STATINS, THEN PLEASE MAKE AN APPOINTMENT WITH ONE OF THE DOCTORS TO PURSUE YOUR REQUEST.**

**YOURS SINCERELY**

**HOLLYOAKS MEDICAL CENTRE**