

Summary of statin trials from 2008 - 2009

Statins have never been convincingly shown to benefit women of any age, men over 65, or primary prevention men (men without pre-existing heart disease).

Prior to 2008-2009, it was believed that statins reduced heart disease and mortality in secondary prevention men (men with pre-existing heart disease) under 65.

This conclusion was based on meta-analyses of prospective and observational studies, which are inadequate for proving causal relationships.

The hypothesis that statins reduce heart disease and death in secondary prevention in men was tested with eight randomized clinical trials in 2008 and 2009. Double-blind, placebo-controlled trials are the gold standard of clinical research today, and are far more reliable than meta-analyses and prospective studies in determining causation.

The results of these trials are summarized below.

TRIAL (DRUG)	POPULATION	RESULT
ENHANCE (ezetimibe + simvastatin)	Familial hypercholesterolemia	Doubled the risk of heart disease. The lower the cholesterol, the higher the risk.
CASHMERE (atorvastatin)	Post-menopausal women	Results unearthed by financial analyst Robert Hazlett. No effect on primary endpoint (IMT).
ACHIEVE (niacin + laropiprant)	Familial hypercholesterolemia	Terminated early because investigators thought they had no hope of demonstrating benefit.
SEAS (ezetimibe + simvastatin)	Aortic stenosis	No significant difference in primary endpoints (aortic stenosis progression, CHD complications). 50% increase in new cases of cancer.
GISSI-HF (rosuvastatin)	Chronic heart failure	No significant difference in endpoints.
CORONA (rosuvastatin)	Chronic heart failure >60 years of age; survived previous M.I.	No significant difference in endpoints.
AURORA (rosuvastatin)	End-stage renal disease on maintenance hemodialysis	No significant difference in endpoints.
JUPITER (rosuvastatin)	Primary prevention patients with high CRP	Showed 50% reduction in CVD events, but serious methodological problems and inconsistencies invalidate these results.

In seven of eight trials, statins showed no benefit whatsoever - even in the secondary prevention population previously thought to benefit. The one trial that did show a benefit (JUPITER) has been discredited due to serious methodological problems and clinical inconsistencies.

These trials clearly indicate that statins provide no clinical benefit.

In light of growing evidence of side effects and complications, there is no justification for continuing to prescribe statins for any population subgroup, including secondary prevention men.