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LETTERS

ADVERSE EFFECTS OF STATINS

Retraction of statins article is not in the public interest: better characterisation of benefits and risks is crucial

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Abramson and colleagues highlight uncertainties about adverse effects of statins for the primary prevention of cardiovascular disease in patients at low absolute cardiovascular risk.^{1 2} There is a substantial discrepancy between observational studies and randomised controlled trials (RCTs) regarding the reporting of adverse effects of statins. This could be the result of under-reporting of “mild” adverse effects in RCTs or it could be a true representation of the clinical picture. Our clinical experience is that patients are reluctant to report adverse effects and many discontinue treatment without saying so. A recent systematic review confirms this—only 49% (95% CI 48.9% to 49.2%) of patients were adherent at one year on the basis of observational data, whereas RCTs report that 90.3% (89.8% to 90.8%) continue to be adherent.³ RCTs of adherence enhancing strategies show a substantial reduction in adherence (<50%) between six and 24 months.⁴ Although adherence is only a marker for adverse effects and patients discontinue for other reasons, this problem needs to be further explored because poor adherence is associated with increased cardiovascular mortality.⁵

The second uncertainty relates to individuals’ preferences to take statins when their risk is less than 10% over 10 years.⁶ In our RCT of a decision aid concerning risk and benefits of blood pressure lowering treatment, a third of patients declined drug treatment. Although National Institute for Health and Care

Excellence recommendations are lowering cardiovascular treatment thresholds, individual patients’ preferences about the benefits and risk of treatment differ. Correct characterisation of the benefits and risks of statins is crucial to enabling informed decision making.

The evidence on adverse effects and adherence to statins needs further investigation. Retraction of this article is not in the public interest.

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Full response at: www.bmj.com/content/348/bmj.g3306/rr/701142.

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