

Taking a statin to reduce your risk of cardiovascular disease



What is cardiovascular risk?

It is your risk of having a heart attack or stroke in the next 10 years. It is expressed as a percentage. E.g. if your CVD risk is 15% then, in the next 10 years, out of 100 people similar to you 15 will have a heart attack or stroke.

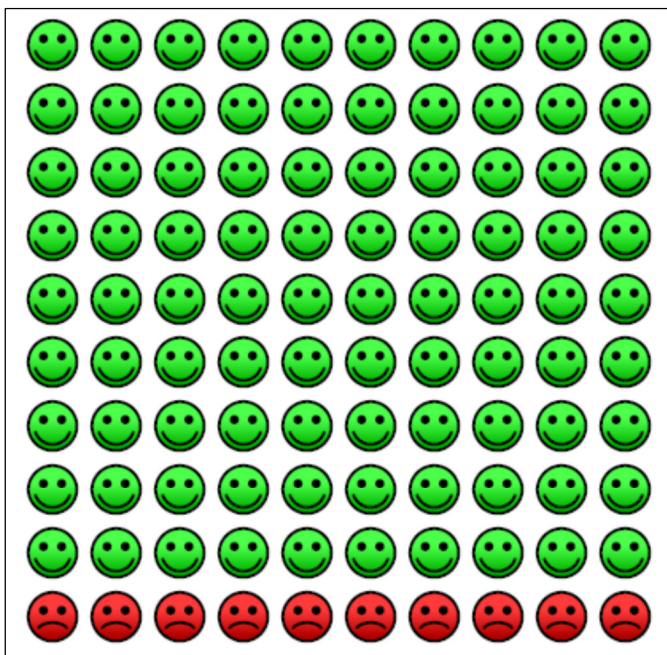
No one can tell which people will be affected just like if you were standing at a roulette wheel you can't tell in advance which number the ball will land at.

Do I need a statin?

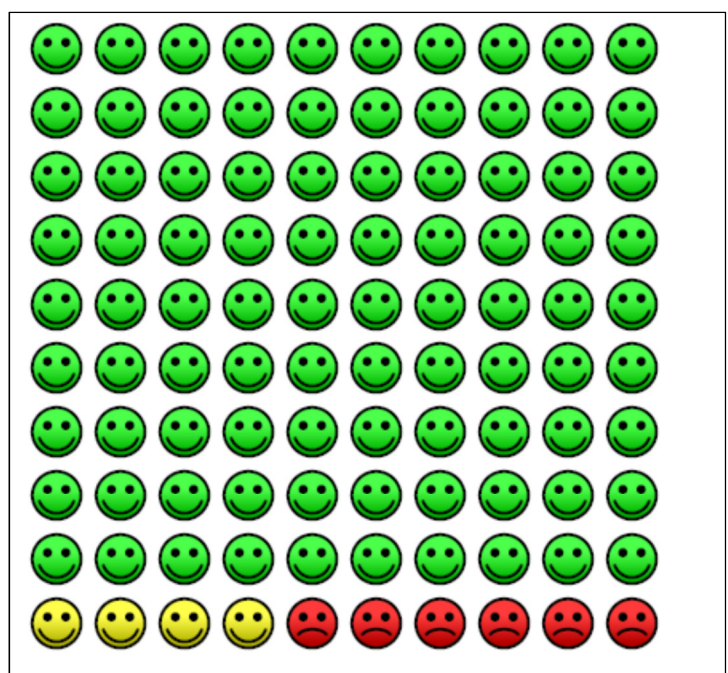
It is your choice whether you wish to take a statin to reduce your risk of heart disease or stroke. The choice is between continuing to make the changes to your lifestyle plus taking a statin, and just continuing with the changes to your lifestyle without also taking a statin. NICE recommends that if your CVD risk is >10% you should consider taking a statin.

What difference will taking a statin make to my risk of CHD & stroke?

Cardiovascular risk 10% over 10 years: no treatment



Cardiovascular risk 10% over 10 years: taking atorvastatin



If 100 people at this level of risk take no statin, over 10 years on average:

- 90 people will not develop CHD or have a stroke (green faces)
- 10 people will develop CHD or have a stroke (red faces).

If all 100 people take atorvastatin for 10 years, over that time on average:

- 4 people will be saved from developing CHD or having a stroke (yellow faces)
- 90 people will not develop CHD or have a stroke, but wouldn't have done anyway (green faces)
- 6 people will still develop CHD or have a stroke (red faces).

What does taking a statin involve?

You will take 1 tablet once a day. Treatment with a statin is normally long term

What are the other common side effects of statins?

For every 1000 people who take statins, over a year on average 2 people will experience mild muscle pain, most likely in the first 3 months of treatment.

The following side effects can affect up to 1 in 10 people: inflammation of the nasal passages and throat, nose bleeds, allergic reactions, headache, nausea, constipation, wind, indigestion, diarrhoea.

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.

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 within 3 months of starting treatment and then a year later. Your cholesterol levels will be measured after 3 months of treatment to see how well the statin is working. Your cholesterol will then be checked once a year.

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.