

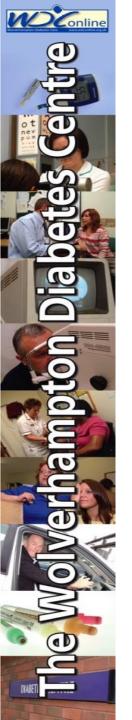
ABCD Debate 2025 Newcastle Out of darkness cometh light

'The use of statins for the primary prevention of cardiovascular disease in people (with diabetes) at low chd risk requires justification'



Dev Singh Independent republic of Wolverhampton "Ex tenebris lux venit"

One hopes ©

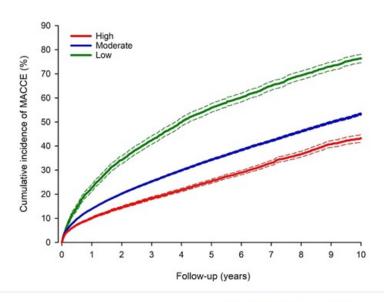


Are their limits to this folly?

- Dogma. We ought to keep an open mind about the direct link between cholesterol and atheroma formation – but we don't.
- Cholesterol is a secondary marker not a primary cause.
 - Vascular inflammation,
 - endothelial dysfunction,
 - many biochemical pathways,
 - cellular immune responses.
- The miraculous mechanisms of action of statins
 - HMG-CoA and beyond
 - Plaque stabilization
 - Reduced inflammation
 - Improve endothelial function
 - Decreased thrombogenicity
- All seems to get translated that into
 - "the lower the cholesterol the better"
 - "every human being needs to take a statin".

No doubt in 2^{ndry} prevention, but does that carry over into primary?

Figure 3 Cumulative incidence of major adverse cardiovascular or cerebrovascular event after myocardial infarction by ...



Eur Heart J Cardiovasc Pharmacother, Volume 9, Issue 2, March 2023, Pages 156–164, https://doi.org/10.1093/ehjcvp/pvac06
The content of this slide may be subject to occyright: please see the slide notes for details.

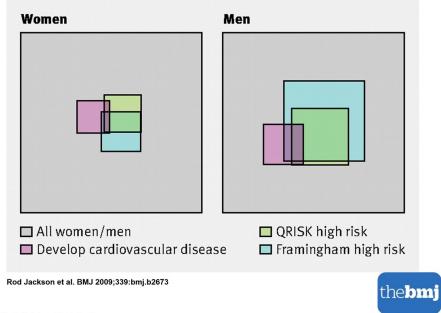




Identifying risk or, more truthfully, failing to!

Diabetes confers cardiovascular risk equivalent to established vascular disease (Honolulu Heart Study, Whitehall) but significant heterogeneity (younger individuals, diabetes duration, absence of other risk factors (e.g., hypertension, smoking, dyslipidaemia), *substantially lower absolute risk*, blanket statin therapy unjustifiable, "one-size-fits-all" approach must give way to individualized risk assessment (WHO). .. back to risk engines which were abandoned because they were naff (a non-medical term meaning totally useless).

Proportions of men and women classified as high risk by QRISK and Framingham who had a subsequent cardiovascular event (derived from table 5 in Collins and Altman1).



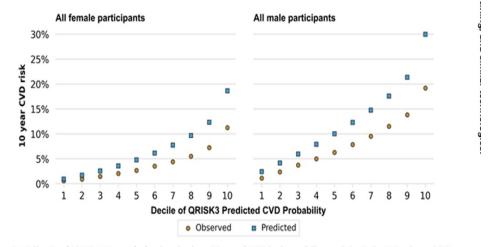


Figure 2 Calibration of QRISK3 at 10 years for female and male participants of UK Biobank overall. The cumulative Kaplan-Meier observed CVD probability in each 10th of risk is denoted by the orange circular markers and the mean predicted QRISK3 score in each 10th of risk is denoted by the blue square markers. CVD, cardiovascular disease.

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"So, step gently into the dark, my friends" Don't go from dogma, to delusion, via drivel.

Q Risk 3

 50%, Caucasian male , SBP 140, BMI 25, nonsmoker, +- T2DM

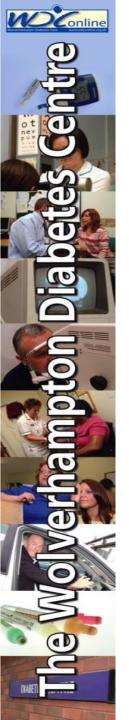
	Non diabetes	T2DM
Cholesterol: HDL ratio	5.5	5.5
10 yr CHD risk	12.3%	20.2%
Heart age	88 yrs	125 yrs
Risk ratio (mysterious well man)	1.8	2.5
On statins reduced to 4.0	NB 30% side effect rate, c 50% discontinuation over 1 year.	
10 yr CHD risk	10.0%	18.5%
Heart age	67	123 yrs
Risk ratio	1.3	2.4
Event rate reduction	2.3% / 10 years	1.7% / 10 years

Real life

- CTT Collaboration Meta-Analysis
- 134,537 participants from 22 randomized statin trials over 5 years

CHD risk score	Events prevented / 100 PTY	
<10%	0.2	
10 -20%	0.3	
>20%	0.7	

"25 to 40 people as described would need to take statins for 10 years to prevent one cardiovascular event".



Really NICE?

Time to re-think this – be better than that !

- NICE indicator,
- IND275,
- November 2024
- "The percentage of patients with diabetes aged 40 years and over, with no history of cardiovascular disease and without moderate or severe frailty, who are currently treated with a lipidlowering therapy (excluding CHD of less than 10%), measures outcomes that reflect the quality of care or processes linked by evidence to improved outcomes".

Outcomes for 100 People Like Me Taking Statins Benefit Side No from Statins **Effects** Change



'The use of statins for the primary prevention of cardiovascular disease in people (with diabetes) at low chd risk requires justification'

As the man in the street will tell you in the IRW ..

"Ita, id requirit plenam recognitionem, cum renovatione praeceptorum NICE, ut sistatur impropria prescriptio, quae ducta est per dogmaticam et paene delusionariam interpretationem argumentorum"

Yes, it does @