

Statin Use in Diabetes Frequently Asked Questions (FAQ) for Physicians

My patient has a normal cholesterol level, LDL < 100 mg/dl. Is a statin necessary?

Diabetes itself is a cardiovascular health risk, independent of cholesterol levels. According to ADA guidelines, a statin medication is recommended for all diabetic patients between the ages of 40-75, regardless of LDL level.

My patient does not want to take a statin due to fear of muscle aches and rhabdomyolysis. What are my options?

The chances of developing muscle aches due to a statin are quite small. According to the American Heart Association, there is only 1 case of myopathy per 10,000 statin prescriptions.

If any statin side effects occur, there are ways to mitigate them while continuing a statin:

- Lower the dose to maximum tolerated dose
- Less frequent dosing such as every other day simvastatin or once weekly rosuvastatin
- Try a more hydrophilic statin like pravastatin, fluvastatin, or rosuvastatin
- Try a brief period of discontinuation, and re-challenge with the same or different statin if symptoms resolve

I am concerned about drug interactions between a statin and my patient's other drugs. Which statins have less drug interactions?

Statin with less drug interactions compared to others include pravastatin, fluvastatin, and rosuvastatin.

Statin associated with the most drug interactions include simvastatin, lovastatin and atorvastatin. If you are worried about drug-drug interactions, you may want to avoid these statins.

What about the risk of elevated liver enzymes from the statin?

Diabetic patients still stand to benefit from statin therapy, even if they have a temporary increase in their liver enzymes.

If your patient does have an increase in their liver enzymes, you can stop the statin until their liver enzymes stabilize. Once their liver function returns to normal you can continue statin therapy by either resuming the same statin at a lower dose or trying a different statin. Continue to monitor liver function with routine testing.

Do statins cause dementia?

There is no definitive data to support the claim that statins cause dementia.

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I am still skeptical about a statin being necessary for my diabetic patients. What kind of benefits would they receive from having a statin?

Compared to diabetic patients not given a statin, patients with diabetes between the ages of 40 to 75 can have a 48% decreased risk of stroke, 36% decreased risk of heart attack and 37% decreased risk of any other major cardiovascular event when placed on a statin.

This was proven in a study of approximately 2,800 diabetic patients who were all between the ages of 40 to 75 years old. These patients did not have elevated LDL cholesterol and had no previous history of cardiovascular disease. Patients participated in the study for an average of 4 years and those given a statin were prescribed atorvastatin 10 mg daily.

What dose of statin should I prescribe for my diabetic patients?

Age	Risk factors	Recommended treatment intensity
<40 years	None	None
	CVD risk factor(s)	Moderate or high
	Overt CVD	High
40–75 years (level of evidence A)	None	Moderate
	CVD risk factors	High
	Overt CVD	High
>75 years	None	Moderate
	CVD risk factors	Moderate or high
	Overt CVD	High

High-Intensity Statin Therapy (Lowers LDL-C by ≥50%)	Moderate-Intensity Statin Therapy (Lowers LDL-C by 30% to <50%)
Atorvastatin 40-80 mg Rosuvastatin 20-40 mg	Atorvastatin 10-20 mg Rosuvastatin 5-10 mg Simvastatin 20-40 mg Pravastatin 40-80 mg Lovastatin 40 mg Fluvastatin XL 80 mg Pitavastatin 2-4 mg