

Incidence of Musculoskeletal and Neoplastic Diseases in Patients on Statin Therapy for High Cholesterol:

Results of a Retrospective Cohort Analysis.

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BACKGROUND: Because of their beneficial cardiovascular effects, several studies have recently advocated starting statins, (i.e., Crestor, Zocor, Mevacor, Lipitor, Livalo, Pravastatin, Simvastatin, etc..) at a young age for primary prevention. However, some reports suggest that statin therapy may be associated with an increased incidence of musculoskeletal and neoplastic diseases (cancer). This study was conducted to investigate the incidence of various musculoskeletal and neoplastic diseases in statin users and nonusers.

METHODS: A retrospective cohort study of patients in the San Antonio Military Multi-Service Market during the period from October 1, 2003, to March 5, 2010, was conducted. The International Classification of Diseases, 9th edition, diagnosis codes between 2 cohort groups—statin users and nonusers—were compared. Statin users were those patients with at least one 3-month prescription for a statin in the fiscal year 2004. Nonusers were those patients who received a prescription—but not a statin—during the period of the study. Both groups were assessed for the development of musculoskeletal and neoplastic diseases in the following 4-year period (October 1, 2004, to September 30, 2009).

RESULTS: A total of 92,360 patients were identified: 12,980 statin users and 45,997 nonusers. After adjusting for age, sex and Charlson comorbidity index, statin users had significantly higher rates of osteoarthritis and arthropathy – arthritis and joint disease - (odds ratio: 1.26; 95% confidence interval: 1.19-1.33), and dorsopathies –spinal decay -, rheumatism and chondropathies –cartilage degeneration - (odds ratio: 1.20; 95% confidence interval: 1.12-1.27).

CONCLUSIONS: In this retrospective analysis, statin use was associated with an increased incidence of musculoskeletal diseases, including arthropathy. Further studies are needed to provide physicians and their patients with adequate information regarding statin therapy, particularly if recommended for primary prevention in younger populations.

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Statin medications are very effective at lowering the LDL or “bad” cholesterol level. However, it does nothing to raise the HDL or “good” cholesterol. Even more interesting is the HDL level is more important than the LDL level on prevention of heart disease. The real answer is to get in enough cardio exercise to raise HDL levels and lower LDL levels, eat right and take safe, natural supplements. There are effective and safe supplements that lower LDL levels without the side effects of joint disease and cancer that is mentioned above. Just ask me for more details. Dr. DeFabio.

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