

**LDL Cholesterol Lowering & Statins For Prophylaxis Of Vascular Events Are Dangerous & Not Helpful**  
**What Does The Latest Evidence Show!!!!!!**

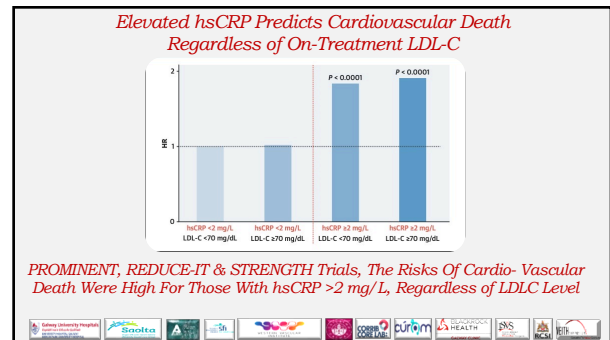
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**Conflict of Interest**

I Did Not Employ Any of the 50,000 Published Articles that Any of the Authors Had Acknowledged Receiving Funding or Research Education Grants from Any Pharmaceutical Industry or An Employee of the Following:

➤ **BMS, MSD, AstraZeneca, GE, Pfizer, Sanofi-Aventis, Amgen, Boehringer-Ingelheim**  
 ➤ **CSL Behring & Servier, Bayer & Janssen-Cilag, Li Lilly, Novartis AG, Roche Merck**



**Low-Dose Colchicine for Secondary Prevention of Coronary Artery Disease**  
 JACC Review Topic of the Week

❖ **HS-CRP is a Powerful Determinant of Cardiovascular Death & All-cause Mortality Than Low-LDL**  
 ❖ **FDA Approved Use of Colchicine To Reduce Risk of Myocardial Infarction, Stroke, Cardiovascular Death in Adult Patients With Established Atherosclerotic Disease Or With Multiple Risk Factors**

**HIGHLIGHTS**

- Low-dose (0.5 mg/d) colchicine, an anti-inflammatory drug, reduces cardiovascular events rates by 25% to 30% in patients with coronary atherosclerosis.

**Colchicine In Chronic Coronary Artery Disease: Beyond The Inflammasome**

**Colchicine: Colchicine Attenuates Inflammation Beyond the Inflammasome in Chronic Coronary Artery Disease: A Randomized Clinical Trial**

**Colchicine in Patients with Chronic Coronary Disease**

**Colchicine in Patients with Chronic Coronary Disease**

❖ **Lodoco2**: Colchicine is An Affordable, Effective Anti-inflammatory in Treating Atherosclerosis  
 ❖ **COLCOT**: Colchicine Benefit in Cardiovascular Disease, is By Reducing Inflammation in ACS

### Low-Dose Colchicine in Patients With Type 2 Diabetes & Recent Myocardial Infarction in Colchicine Cardiovascular Outcomes Trial (COLCOT)

Among patients with both diabetes and recent myocardial infarction, colchicine 0.5 mg daily leads to a large reduction of ischemic cardiovascular events

**COLCOT**  
Randomized, double-blind, placebo-controlled trial  
1715 patients after acute myocardial infarction  
Colchicine 0.5 mg once daily or placebo  
Reduction of CV events: HR: 0.57; 95% CI: 0.43-0.76; P=0.02

Primary endpoint: composite of CV death, revascularization, acute myocardial infarction, stroke, or urgent hospitalization for angina requiring coronary revascularization

Secondary endpoint: composite of CV death, revascularization, acute myocardial infarction, stroke, or urgent hospitalization for angina requiring coronary revascularization

Subgroup analysis  
919 patients had diabetes (53.2%)  
• 462 colchicine  
• 457 placebo  
1.8x-fold more events  
Good tolerance

HR: 0.65; 95% CI: 0.44-0.96; P=0.03

**Colchicine 0.5 Mg Reduced Myocardial Infarction, Stroke & Cardiovascular Death By 25% With A 33% Absolute Risk Reduction When Composite Endpoint Included Coronary Revascularization & Stroke Risk Reduction Was 46%**

COLCOT. Colchicine Cardiovascular Outcomes Trial. CV, cardiovascular; HR, hazard ratio

Diabetes Care. 2024;47(3):467-476. doi:10.2337/47.03.1825

American Diabetes Association

### Statin Use is Associated With 50% Increase in Diabetes Mellitus

### Report of Protective Effect of Statin on DM "Lie of the Century"

Statin stimulate atherosclerosis and heart failure: pharmacological mechanisms

Statin use and risk of developing diabetes: results from the Diabetes Prevention Program

Significance of this study

**What is already known about this subject?**

- In observational studies, statin use has been associated with increased risk for diabetes
- Data from randomized statin trials also suggest incident diabetes is increased

**What are the new findings?**

- In a population of high risk for diabetes in which incident diabetes was rigorously detected, statin use remains a diabetes risk factor
- Incident diabetes among statin users was accompanied by a decline in insulin secretion

**How might these results change the focus of research or clinical practice?**

- Patients at high risk for diabetes should be monitored during statin therapy
- Additional studies are needed to explore the mechanisms for statin-associated diabetes

Statin use associated with 50% increase in diabetes mellitus

Report of protective effect of statin on DM "Lie of the Century"

### Statin raise the risk of diabetes in older women

DO STATINS LEAD TO DIABETES?

#ThisMorning

### Statin is Associated With Diabetes Progression, Including Greater Likelihood of Insulin Treatment Initiation With Acute Glycaemic Complications, Induces Insulin Resistance

Diabetes Recommendations for Family Physicians

The Light Side of Statins: Systemic Approach of the Contemporary Era: Nurses' Experiences

BMJ Open: Lack of an association or an inverse association between low-density lipoprotein cholesterol and mortality in the elderly: a systematic review

### The Neuro Cognitive Pandemic

Statin	Confidence Interval
Rosuvastatin	9.09 (809%) 6.57 - 12.6
Pravastatin	16.2 (1,502%) 9.56 - 27.5
Atorvastatin	17.0 (1,600%) 14.1 - 20.4
Simvastatin	23.0 (2,200%) 18.3 - 29.1
Lovastatin	107 (10,600%) 68.5 - 167

FDA Linked Epidemic of Cognitive Decline, Dementia, ALS & Motor Neuron Disease to All Types of Statins, as FDA Confirmed A 10,000-fold Increase in ALS With Statin Use

### Majority of panelists on controversial new cholesterol guideline have current or recent ties to drug manufacturers

NEWS

Journal cover image showing the title and authors.

Statins work, but are they worth the cost? Evidence in asymptomatic people

Journal of Clinical Lipidology

Twenty-year epidemiologic study on LDL-C levels in relation to the risks of atherosclerotic event, hemorrhagic stroke, and cancer deaths among young and middle-aged population in China

Lipid levels and the risk of hemorrhagic stroke among women

Efficacy and safety of statin therapy in older people: 28 randomized controlled trials

**No Benefit in Any Patient Older Than 65 Years & Do Plenty of Harm**

**Excess Risk of Haemorrhagic Stroke & Cancer were Observed in Patients with LDL-C 70 mg/dL**

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were better appreciated. But, as was pointed out in a recent editorial in *The BMJ* about lowering the threshold for recommending statins, a substantial chunk of the core business of medicine is changing.<sup>3</sup> When doctors offer a preventive drug or a screening test to large numbers of asymptomatic people they're doing something quite different from treating a patient who has sought help because she is sick. They're not so much doctors as life insurance salespeople, peddling deferred benefits in exchange for a small (but certainly not negligible) ongoing inconvenience and cost. In this new kind of medicine, not understanding risk is the equivalent of not knowing about the circulation of the blood.

A friend of mine, a woman in her early 60s, recently spent a night in hospital after an epistaxis that failed to stop. She was

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**Evolocumab "Repatha" PCSK9 inhibitor**

**Implications & Criticisms of Evolocumab's FDA Approval Concerns Raised by Re-analysis:**

- ❖ Restoring Invisible & Abandoned Trials "RIAT" Investigators Reanalysed FOURIER's Mortality Data Due To Inconsistencies in Reported Outcomes Investigators Cautioned Clinicians Against Confirmed Cardiac Risks of **PCSK9 Inhibitor**
- ❖ **Loss PCSK9 Gene** is Associated With An Increased Risk of Diabetes, Sudden Death & Higher Rates of Cancer
- ❖ **PCSK9 Inhibitor** High Price Places A Burden On Taxpayer-funded Healthcare, Prompting Questions About Quality of Evidence Supporting Its FDA Approval

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BMI Open: Estimating mortality data for the FOURIER cardiovascular outcomes trial of evolocumab in patients with cardiovascular disease: a reanalysis based on regulatory data

PCSK9 inhibition and neurocognitive adverse drug reactions: Analysis of individual Case Safety Reports from the Evolocumab Database

Prostate cancer associated with PCSK9 inhibitors: A real-world, pharmacoepidemiology study

**Cardiac Harm Was Confirmed With PCSK9, Challenging Original Findings of FOURIER with 28% Cardiovascular Mortality**

**PCSK9Is Associated With 23% Risk of Neuropsychiatric & Neurocognitive ADR**

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are a form of bounded rationality, i.e. a condition closely related to decision-making where emotions tend to overrule rationality [28,29].

The disparity between actual and expected effect could be viewed as a dilemma. On the one hand, it is not ethically acceptable for care givers to deliberately support and maintain illusive treatment expectation by patients. On the other hand, a high patient treatment expectation is a cornerstone that favours high patient compliance as well as a possible placebo effect, which both contribute to better health outcomes. In an era of new pharmacological possibilities to prevent ischemic heart disease, there is a growing need to discuss this dilemma and find a balance between the community goal of lowering disease prevalence and the patient's autonomy and the potential harm

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**Conclusion**

- ❖ Promoting Statins For Primary Prevention is Risky & Cause Significant Harm Without Any Clear Benefits
- ❖ Statins Are Seen As A Failed Experiment, Carrying Severe Pessimistic Generational Consequences
- ❖ Statins Leads To Accelerated Atherosclerosis in People Without Elevated LDL with Worsening of Their Cardiovascular Health
- ❖ Statins Offer Minimal Benefit of 0.5% Absolute Risk Reduction in Primary Prevention For Women of Any Age & Men Over 65 & Zero Benefit in Children Questioning Their Widespread Use in Primary Prevention!!

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*Statin is Contra-indicated in Primary Prevention for Any Patients over 62 Years of Age, Any Woman & All Children*

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