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PATIENT HANDOUT · STATINS

Beyond Cholesterol

What statins do besides lower your LDL, sorted into what's proven, what's promising and what came up short.

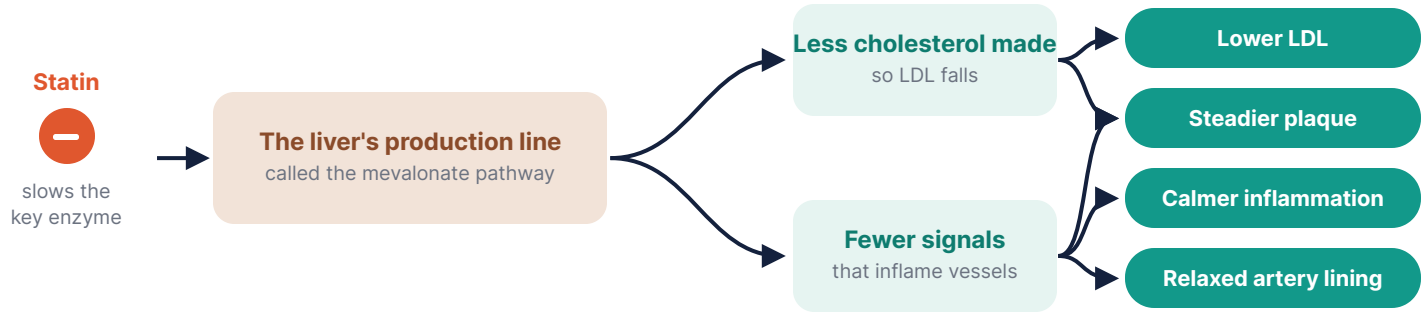
14%
lower risk of dying from any cause in people taking a statin to prevent a first event

~⅓
fewer amputations in people with poor leg circulation

~⅕
fewer first strokes

HOW ONE PILL DOES MANY THINGS

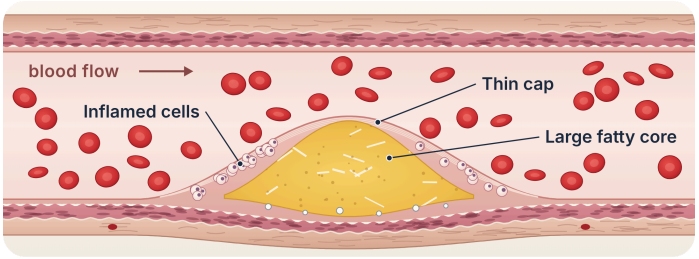
How a statin does more than lower LDL



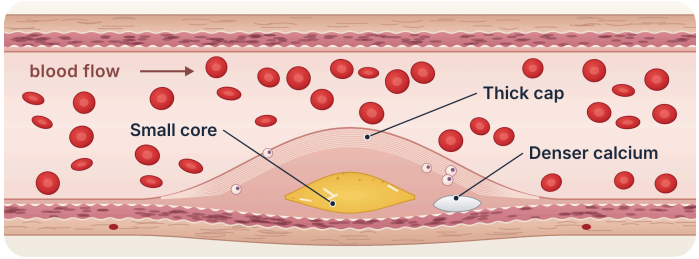
Doctors call these extras **pleiotropic effects**, meaning many effects from one drug. They're hard to separate from LDL lowering, because the more a statin lowers LDL, the more of everything else it tends to do.

WHAT STRONG STATIN THERAPY DOES TO PLAQUE

Statins steady risky plaque



Without a statin: big, inflamed core under a thin cap



On a statin: small core, thick cap

Reason enough

Fewer heart attacks, fewer strokes and longer survival are proven in large trials, and for people at real risk that alone justifies a statin. The extras on the back come as a bonus.

THE EVIDENCE SCORECARD

Proven, promising and came up short

PROVEN

●●● strongest evidence

Fewer heart attacks	About a quarter to a third lower risk for every 39 mg/dL of LDL lowering, before or after a first heart attack.
Fewer strokes	About a fifth fewer first strokes, and fewer repeat strokes. Strokes caused by clots fall. The rarer strokes caused by bleeding may rise slightly, but for people at risk the balance still favors the statin.
Living longer	In people preventing a first event, around 14% lower risk of dying from any cause and close to a third lower risk of dying from heart disease.
Poor leg circulation	About a third fewer amputations and nearly 40% fewer deaths in people with clogged leg arteries. They also walk farther before their legs cramp.
Kidney disease, not on dialysis	Fewer heart attacks, strokes and deaths, with roughly 18 fewer deaths per 1,000 patients. The benefit shrinks once someone is already on dialysis.

PROMISING

●●○ still being sorted out

Steadier plaque, lower CRP	Imaging shows the soft core shrinking, the cap thickening and the calcium becoming denser. Statins also lower CRP, a blood marker of inflammation.
Memory and dementia	About 20% less dementia and 30% less Alzheimer's in pooled observational studies. Statins don't appear to harm memory.
Clots in legs and lungs	About 14% fewer in a 2024 review of 27 trials.
Abdominal aortic aneurysm	Slower growth and fewer ruptures, mostly from observational data.

CAME UP SHORT

●○○ tested, and came up short

Heart failure alone	Starting a statin just for heart failure didn't improve survival in two large trials. If you have another reason to take one, such as a past heart attack, keep taking it.
Narrowing aortic valve	Statins didn't slow it in three large trials. The patients in those trials still had fewer heart attacks and strokes.
Cancer prevention	Five-year trials didn't show cancer prevention. Statins don't raise cancer risk, and they're safe to keep taking through cancer treatment.
Infections	No benefit for pneumonia or sepsis in well-built trials. In people hospitalized with COVID, a pooled analysis tied statins to a small drop in deaths, but they aren't a treatment for infection.

STAYING ON TREATMENT

If side effects scared you off, don't walk away from cholesterol treatment. There are several ways to make a statin tolerable, and strong non-statin options when a statin doesn't work for you. And don't stop on your own once your numbers look good. They look good because the medication is working.

READ THE FULL ARTICLE

damianrasch.com/
statin-benefits-beyond-cholesterol

For education only, and not a substitute for advice from your own physician. Sources include the USPSTF 2016 evidence review, Cochrane 2023 and 2024, the 2024 ACC/AHA PAD guideline and He et al., Annals of Internal Medicine 2018.

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