Statins—An Underused Lifesaver?

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Even when HIV is fully suppressed, the virus is associated with as much as double the risk of cardiovascular disease (CVD). Taking this into consideration, a major clinical trial is afoot to determine whether those living with the virus who would not normally qualify to take statins—the cholesterol-lowering class of drugs that reduce CVD risk—might benefit from such a drug.

Meanwhile, investigators at Northwestern University recently reached a troubling finding after studying the medical records of a group of 460 people receiving HIV care at a university clinic in Chicago. A total of 194 of them were eligible to take statins, yet just 95 individuals, or 49 percent, were prescribed one. The members of the study group who had clinical atherosclerotic cardiovascular disease (ASCVD, or hardening and narrowing of the arteries) were 47 times more likely to be prescribed statins than those who did not have ASCVD. Those with diabetes were six times more likely to receive statins than those who did not have the condition. Statins were prescribed to 93 percent of those with ASCVD, 56 percent of those with diabetes and 93 percent of those with both health conditions.

Individuals with a greater than 7.5 percent projected risk of developing CVD within 10 years who had no clinical signs of such disease as well as no diabetes or high cholesterol were no more likely to be on statins than those with ASCVD. Only 29 percent of this group received such a drug.

According to Sean Kelly, MD, an assistant professor of infectious diseases at the Vanderbilt University Medical Center and the study's lead author, "Only by recognizing [the risk of CVD among people with HIV] can we broadly incorporate comprehensive cardiovascular care into the general health maintenance of our HIV-positive patients. While some dose adjustments may be necessary, statins can safely be used with most current HIV meds and should be used if indicated by current guidelines."

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