

Just Say No to Statins

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✓ Fact Checked

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STORY AT-A-GLANCE

- › Widespread myths about lowering your cholesterol with statins to improve your heart health still permeate modern medicine
- › A comprehensive review of the literature, published in 2018, found that LDL cholesterol does not cause heart disease, so statins' ability to lower LDL is of dubious value
- › Over a five-year period, taking a statin once you've had a heart attack will only increase your life expectancy by four days
- › Just like COVID-19, they manipulated the statistics and grossly exaggerated statin benefits by conflating relative and absolute risks. If you take a statin, your chance of a heart attack is only 1.1% lower than if you're not taking it: that is your absolute, not relative, risk
- › Even though public health perpetuates the notion that lower LDL cholesterol is better, there's no consistent relationship between lowering LDL with statins and death, heart attack or stroke

In the U.S. alone, 40 million adults take statin cholesterol-lowering medications in the mistaken belief that this will reduce their risk of heart disease.¹ But lowering your cholesterol is not the panacea to heart health that you've been led to believe.

On "The Joe Rogan Experience," Dr. Aseem Malhotra, an interventional cardiologist consultant from the U.K., speaks out about the overprescribing of statins for heart

disease – and the widespread myths about cholesterol and your heart that still permeate modern medicine.²

Only Extremely High Levels Were a Problem

The Framingham Study, which began in 1948, involved 5,209 people from Massachusetts.³ It was instrumental in starting the myth that high total cholesterol is a major risk factor for heart disease, but what many people don't realize is the correlation only existed if cholesterol was over 300 milligrams per deciliter (mg/dl). "Very few people have total cholesterol that high," Malhotra says.⁴

Further, he believes, your cholesterol levels are 80% genetics. In your body, cholesterol is necessary for maintaining cell membranes and it plays a role in the immune system and synthesizing hormones and vitamin D.

In the Framingham Study, the majority of people with cholesterol levels over 300 mg/dl had a genetic condition called familial hyperlipidemia, which leads to very high levels of cholesterol. About 1 in 250 people have this condition, according to Malhotra.⁵

What also wasn't widely publicized about the Framingham Study was what occurred in people who were in their 50s, 60s and beyond. In this age range, as cholesterol dropped, mortality rate increased. "So, the association of cholesterol and heart disease is quite weak, first and foremost," Malhotra says.⁶

Malhotra and colleagues conducted a study to determine if a correlation exists with lowering LDL cholesterol and total cholesterol and preventing heart attacks and strokes, and no clear correlation was found. "This is based upon randomized, controlled trial data, so this is the most robust evidence you can get," he says.⁷

LDL Cholesterol Doesn't Cause Heart Disease

In the context of statins, Malhotra says, they do lower LDL cholesterol, but they also have anti-inflammatory and anti-clotting properties, and this is where any benefit comes

in for preventing heart attacks and strokes. However, if you're at low risk of heart disease, this benefit amounts to only about 1%. Among those who've had a heart attack, the benefits aren't much better. Malhotra explains:⁸

"What are those benefits when you break them down in absolute terms? ... Over a five-year period, if you take your statin religiously and don't get side effects – because ... the trials took out people with side effects – the best-case scenario is 1 in 83 for saving your life and 1 in 39 in preventing a further heart attack. Now, a lot of people find that quite underwhelming."

He also points out that, over that five-year period, taking a statin once you've had a heart attack will only increase your life expectancy by four days.⁹ Further, a comprehensive review of the literature, published in 2018, found that LDL cholesterol does not cause heart disease, so statins' ability to lower LDL is of dubious value:

"For half a century, a high level of total cholesterol (TC) or low-density lipoprotein cholesterol (LDL-C) has been considered to be the major cause of atherosclerosis and cardiovascular disease (CVD), and statin treatment has been widely promoted for cardiovascular prevention.

However, there is an increasing understanding that the mechanisms are more complicated and that statin treatment, in particular when used as primary prevention, is of doubtful benefit."

The review delved into three reviews published by statin advocates, which claimed to support the LDL cholesterol-heart disease link.

However, the authors noted, serious errors were involved in their research, along with other "obvious falsification of the cholesterol hypothesis ... the conclusions of the authors of the three reviews are based on misleading statistics, exclusion of unsuccessful trials and by ignoring numerous contradictory observations."¹⁰ They further stated:¹¹

“The idea that high cholesterol levels in the blood are the main cause of CVD is impossible because people with low levels become just as atherosclerotic as people with high levels and their risk of suffering from CVD is the same or higher.”

Statins Don't Protect Your Heart

Despite the questions surrounding their safety and effectiveness, statins are recommended for four broad patient populations:¹²

1. Those who have already had a cardiovascular event
2. Adults with diabetes
3. Individuals with LDL cholesterol levels ≥ 190 mg/dL
4. Individuals with an estimated 10-year cardiovascular risk $\geq 7.5\%$ (based on algorithm that uses your age, gender, blood pressure, total cholesterol, high density lipoproteins (HDL), race and history of diabetes to predict the likelihood you'll experience a heart attack in the coming 10 years)

Even though statins are prescribed for these sizeable groups, and “target” cholesterol levels have been achieved, a systematic review of 35 randomized, controlled trials found that no additional benefits were gained. An analysis in BMJ Evidence-Based Medicine by Malhotra and colleagues revealed:¹³

“Recommending cholesterol lowering treatment based on estimated cardiovascular risk fails to identify many high-risk patients and may lead to unnecessary treatment of low-risk individuals. The negative results of numerous cholesterol lowering randomized controlled trials call into question the validity of using low density lipoprotein cholesterol as a surrogate target for the prevention of cardiovascular disease.”

Even in the case of recurrent cardiovascular events – and despite an increase in statin use from 1999 to 2013 – researchers writing in BMC Cardiovascular Disorders noted,

“there was only a small decrease in the incidence of recurrent CVD, and this occurred mainly in older patients without statins prescribed.”¹⁴

Cholesterol Treatment Trialists Monopolize Statin Debate

Rory Collins heads up the Cholesterol Treatment Trialists' (CTT) collaboration, a group of doctors and scientists who analyze study data and report their findings to regulators and policymakers.¹⁵ Collins coauthored a 2008 study¹⁶ that claims statins lower your risk of heart attack by 36%.

Table 4¹⁷ in this study shows the rate of heart attack in the placebo group was 3.1% while the statin group's rate was 2% – a 36% reduction in relative risk. However, the absolute risk reduction – the actual difference between the two groups, i.e., 3.1% minus 2% – is only 1.1%, which isn't very impressive.

In the real world, if you take a statin your chance of a heart attack is only 1.1% lower than if you're not taking it, as Malhotra told Joe Rogan. Just like COVID-19, the drug companies manipulated their statistics and grossly exaggerated statin benefits by conflating relative and absolute risks.

Collins is also noteworthy, as he spearheaded an attack against Malhotra by contacting the British Medical Journal and demanding it retract one of Malhotra's studies, which cited a statistic that statins cause side effects in 18% to 20% of people who take them.¹⁸ Rather than retract the study, an independent panel reviewed the study, calling only for a correction to be added:¹⁹

“The corrections explain that, although the 18-20% figure was based on statements in the referenced observational study by Zhang et al – which said that “the rate of reported statin related events to statins was nearly 18%,” the articles in The BMJ did not reflect necessary caveats and did not take sufficient account of the uncontrolled nature of the data of Zhang et al.”

Malhotra pointed out that, had the article been retracted, it would have been career-destroying for him, as it would have damaged his credibility. “I was on trial, essentially,

for two months,” he says, “and it was very tough.” But when the panel came back, it voted 6-0, unanimous in favor of Malhotra’s study. “There was no call for retraction.”²⁰

No Relationship Between LDL, Risk of Heart Attack

Other research has also found unimpressive results for statin treatment, including a systematic review and meta-analysis of 21 trials²¹ using similar criteria to the CTT.²²

One of the authors, Maryanne Demasi, Ph.D., explained the study “found **no consistent relationship between lowering LDL-C with statins and death, heart attack or stroke,**” even though the “public health mantra about cholesterol has always been ‘the lower the better.’”^{23,24} It also once again highlighted the misleading nature of using relative risk reduction in place of absolute risk:²⁵

“Statins are very effective at lowering LDL-C, but in some trials, that did not necessarily translate into a meaningful benefit for the patient. This contradicts the prevailing view, promoted by the CTT, that there is a strong “linear” relationship between lowering LDL-C and cardiovascular outcomes from statin therapy.

Our analysis also highlighted the significant difference in the relative risk reduction (RRR) and absolute risk reduction (ARR) of statin therapy on death, heart attack and stroke.

For example, if your baseline risk of having a heart attack is 2% and taking a drug reduces that risk to 1%, then in relative terms you halved your risk (50% RRR) which sounds impressive, but in absolute terms, you have only reduced your risk by 1% (ARR).

*Our analysis showed that trial participants **taking a statin for an average of 4.4 years, showed a 29% RRR in heart attacks, but the ARR was only 1.3%.** If this is not effectively communicated to a patient, can they make a fully informed decision about their treatment?”*

Statins Will Wreck Your Health

In short, statin drugs have not derailed the rising trend of heart disease, and instead have put users at increased risk of health conditions linked to their use, such as diabetes,^{26,27} dementia²⁸ and others, including:

- Cancer²⁹
- Cataracts³⁰
- Musculoskeletal disorders, including myalgia, muscle weakness, muscle cramps, rhabdomyolysis and autoimmune muscle disease³¹
- Depression³²

In the event you're taking statins, be aware that they deplete your body of coenzyme Q10 (CoQ10) and inhibit the synthesis of vitamin K2. The risks of CoQ10 depletion can be somewhat offset by taking a coenzyme Q10 supplement or, if you're over 40, its reduced form ubiquinol. But ultimately, if you're looking to protect both your brain and heart health, avoiding statin drugs and instead optimizing your diet.

If you're interested in learning more about your individual heart disease risk, don't rely on total cholesterol or LDL on their own. You can get a more accurate idea of your risk of heart disease with the following tests:

Omega-3 index	HDL/total cholesterol ratio
Fasting insulin level	Fasting blood sugar level
Triglyceride/HDL ratio	Iron level

I personally would never take or prescribe a statin drug as there are far better options that directly address the underlying and foundational causes of high cholesterol. The primary one, as most of you know, is to radically reduce and ideally eliminate all processed foods.

This is because nearly all processed foods contain seed oils and processed sugar in the form of high fructose corn syrup, both of which contribute strongly to virtually every chronic degenerative disease, including the most common ones of heart disease, cancer and diabetes.

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