

## **MEDICAL BREAKTHROUGHS**

### **RESEARCH SUMMARY**

TOPIC: RACIAL DISPARITIES IN STATIN USE  
REPORT: **MB #4955**

**BACKGROUND:** Statins are drugs that can lower your cholesterol. They work by blocking a substance your body needs to make cholesterol. Lowering cholesterol isn't the only benefit associated with statins. These medications have also been linked to a lower risk of heart disease and stroke. These drugs may help stabilize the plaques on blood vessel walls and reduce the risk of certain blood clots. Sometimes, a statin is combined with another heart medication. Whether you need to be on a statin depends on your cholesterol levels and other risk factors for heart and blood vessel diseases.

(Source: <https://www.mayoclinic.org/diseases-conditions/high-blood-cholesterol/in-depth/statins/art-20045772>)

**SIDE EFFECTS:** Estimates are that in addition to the people already taking them, another 15 to 20 million people should be taking statin drugs based on their risk factors for heart disease. Your doctor can do a simple blood test to determine the amount of cholesterol in your blood. If you have high levels of bad cholesterol, you have a greater chance of heart disease, especially when there are other factors that increase your risk. Based on your overall risk, your doctor may recommend you take statins to help lower your cholesterol by a certain amount.

Most people who take statin drugs tolerate them very well. But some people have side effects. The most common statin side effects like dizziness, trouble sleeping or drowsiness. Less common side effects you may have with statins are skin problems such as rashes or acne or nausea.

(Source: <https://www.webmd.com/cholesterol-management/side-effects-of-statin-drugs>)

**NEW RESEARCH:** Researchers at the University of Pittsburgh studied the medical records for approximately 250,000 white patients and about 25,000 Black patients and found that, in both groups, in high-risk patients, the statin prescription was lower than optimal. "Approximately 40% of the high-risk white patients were given their guideline-directed statin therapy and 44 to 45% of Black individuals were given the guideline-directed statin therapy. Now the big question is how did the intermediate risk do? The intermediate risk also was suboptimal in both groups but, again, the proportion of Black individuals being prescribed this medicine was slightly lower than the white individuals in our population," said Anum Saeed, M.D.

(Source: Anum Saeed, MD, Cardiologist, Postdoctoral researcher and Clinical instructor, University of Pittsburgh)

**FOR MORE INFORMATION ON THIS REPORT, PLEASE CONTACT:**

SHEILA DAVIS  
412-313-6070  
[DAVISSN2@UPMC.EDU](mailto:DAVISSN2@UPMC.EDU)

**If this story or any other Ivanhoe story has impacted your life or prompted you or someone you know to seek or change treatments, please let us know by contacting Marjorie Bekaert Thomas at [mthomas@ivanhoe.com](mailto:mthomas@ivanhoe.com)**