

Statins

Could they be right for you?

What is “good” and “bad” cholesterol?

- **LDL** = “bad” cholesterol. Increased LDL means plaque formation in the arteries.
- **HDL** = “good” cholesterol. Increased HDL means good protection as it shuttles LDL out of arteries and helps decrease the development of plaque.

Who is at risk for heart disease?

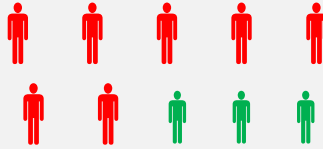
If you have any of these conditions, talk to your doctor about how you can lower your risk for heart disease

- Diabetes
- Family History of Heart Disease
- High Blood Pressure
- High Cholesterol
- History of Heart Attack
- History of Stroke
- Overweight/Obesity
- Smoker

Cholesterol can build up and create plaque that narrows the arteries. If a blood clot forms and blocks the artery or blood flow is severely reduced, you may experience a **heart attack**. If blood clot blocks an artery that goes to your brain, you experience a **stroke**.



1 in every 4 deaths in the U.S. is due to heart disease. It is the leading cause of death for both men and women¹.



Nearly 7 in 10 adults age 65 or over who have diabetes die from heart disease.



Almost 2 out of every 10 adults who have diabetes die from stroke.

For some, lifestyle changes alone cannot lower cholesterol enough – this is where statins come in. Both lifestyle changes and medications are important.



Diet

Eat a low saturated fat and low cholesterol diet



Sleep

Keep a consistent sleep schedule of 7-8 hours per night



Exercise

Regular exercise can increase “good” cholesterol and lower “bad” cholesterol



Avoid Tobacco Products

Smoking is dangerous to your overall health, especially cardiovascular health



Limit Alcohol Products

Alcohol can raise blood pressure, also known as hypertension. Best to limit alcohol consumption².

Resources - Hyperlinks

<https://www.cdc.gov/heartdisease/facts.htm>

[Limiting Alcohol to Manage High Blood Pressure | American Heart Association](#)

Statin Mythbusters



“My cholesterol is fine. I don’t need statins”

You may still be at risk for heart disease or stroke even if your cholesterol is normal. There are other factors, like diabetes, smoking status, high blood pressure, and a family history of heart disease, which may increase your risk.



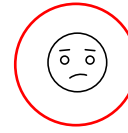
“I heard statins can cause dementia”

Statins may actually decrease the risk of dementia, especially in women. The use of statins in midlife may reduce Alzheimer’s and Dementia. There is no current evidence that statins cause memory changes. There is evidence that statins *decrease* the risk of stroke, which is a risk factor and can worsen dementia.



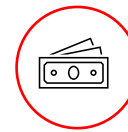
“Natural alternatives are safer”

Many of these alternatives claim they fight diabetes, high cholesterol, heart disease – you name it. But supplements aren’t reviewed by doctors. They don’t go through the same rigorous testing as medications. This means we don’t really know if a supplement works – or if it could cause more risks.



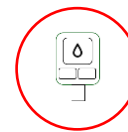
“If I take a statin, I’ll get aches and pains”

There is only 5-10% chance of muscle side effects. If you’re worried about a side effect, talk to your doctor. Your doctor can find a different statin or prescribe a lower dose. Your doctor may have you go off statins for a short time, then go back on. This has been shown to reduce side effects.



“Statins are expensive. I can’t afford another copay”

Brand-name medications can be expensive. The good news is there are generic statins. These are just as effective but much cheaper. In fact, many health plans offer generic statins at a \$0 copay. Check with your health plan to learn more.



“Taking a statin will cause diabetes”

Blood sugar may increase slightly with taking a statin. The reduction in heart attacks and strokes overwhelmingly outweighs the very small increase in blood sugar.

Resources - Hyperlinks

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