

Effect of Statins on Glucose

Jupiter study

2 years

Median A1c - 5.8% (placebo) vs 5.9% (rosuvastatin) $_{\rm P}$ =0.001 Newly diagnosed diabetes inc. from 2.4% to 3.0% but primary CV endpoint dec. from 2.8% to 1.6%

345,417 patients

2 years VA

Non-diabetics $\,$ - FPG inc 0.17 mmol/L (3 mg/dL) more if on a statin vs no statin

0.6 (10) if diabetic

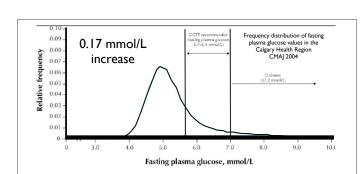
J Investig Med. 2009 Mar;57(3):495-9. doi: 10.231/JIM.0b013e318197ec8b

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TNT and IDEAL studies - statin comparative studies - excluded diabetics from analysis

	New-onset diabetes (%)	CV event (%)
Atorvastatin 10 or simvastatin 20-40mg	6.9	10.7
Atorvastatin 80 mg	7.8	9.2
RR	16% inc	I5% dec
AR	0.9% inc	1.5% dec

JACC 2013;61:148-52



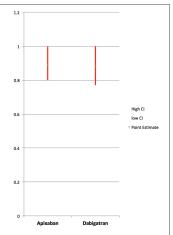
The diagnosis of diabetes is the diagnosis of a SURROGATE condition/marker = HCTZ inc. glucose but dec. CV events

Novel Anti-Coagulants

"ARISTOTLE: A major win for apixaban in AF"

"the most positive yet"

"first of the three new oral anticoagulants to show a clearly significant reduction in all-cause mortality"



http://www.theheart.org/article/1268723.do, Dabigatran (150mg): N Engl J Med 2009;361:1139-51. Apixaban: N Engl J Med. 2011;365(11):981-92

Do multivitamins reduce all cause mortality?

• Meta-Analysis: 21 studies (91,074pts)

	Fixed Effects RR	Random Effects RR	Hetero (I ²)
Overall Mortality	0.98 (0.94-1.02)	0.97 (0.91-1.04)	16%
Cancer Mortality	0.96 (0.88-1.04)	0.96 (0.88-1.04)	0%
CVD Mortality	1.01 (0.93-1.09)	0.95 (0.81-1.13)	26%

Bottom-Line: No strong evidence for multivitamins reducing mortality

Macpherson H, Pipingas A, Pase MP. Am J Clin Nutr doi: 10.3945/ajcn.112.049304

Pancreatitis and Cholesterol

Meta-analysis

Statin: 21 RCT, 2 with published data on incident pancreatitis and 19 with unpublished data, for 153,414, mean 4.3 yrs.

Risk of Pancreatitis: Risk Ratio 0.79 (0.65-0.95)

5 yr NNT ≈ I 200

Fibrates: 7 RCTs 40,162 over x5.3 yrs. Risk of Pancreatitis: Risk Ratio 1.39 (1.00-1.95)

5 yr NNH 935

Bottom-Line: If worried about pancreatitis, better off

with Statins

JAMA.2012;308(8):804-811

Primary prevention of CVD with a Mediterranean diet - 4.8 years, 58% men, 67 y/o, 48% diabetics, 40% statins, BMI 30, 83% HTN

	Mortality (%)	MI, stroke, and death from CVD (%)	MI(%)	Stroke (%)
Low-fat	4.7	4.4	1.6	2.4
Mediterranean diet with EVOO	4.6	3.8	1.5	1.9
Mediterranean diet with NUTS	4.7	3.4	1.3	1.3
Relative risk reduction		~20-30%		~20-40%
Absolute risk reduction	NSS	~1%	NSS	~1%
Number needed to treat		~100		~100

N Engl J Med 2013

Risk: Relative, Absolute & NNT

If you don't know where you start, it's hard to know where you start, it's hard to know where you start, it's hard to know where you finish.

ZZESTYK KARSINGUEGUSAMENISHSKUPOSO 70%

Study	Placebo	Zoster Vac	Benefit	NNT (3 yrs)
Age 50-59 (3 yrs)	2.03%	0.62%	1.41%	71
Age ≥60 (3 yrs)	3.42%	1.67%	1.75%	58

Bottom-Line: Over 3 years, one in 60-70 patients will avoid shingles due to the vaccine

- One in 350 for post-herpetic neuralgia.

Tools for Practice Nov 12, 2012