

## STATINS? – BE AWARE!

### STATINS ALREADY PRESCRIBED OR INTENDED TO BE PRESCRIBED TO LOWER CHOLESTEROL AS A PREVENTATIVE FOR CARDIOVASCULAR DISEASE (CVD)?

Is your physician intending to prescribe you statins to prevent cardiovascular disease (CVD) because you have high cholesterol?

Though there are several studies, trials, and papers advocating the prescribing of statins as preventative from CVD, and they are prescribed on quite a regular basis, recent studies have been brought to our attention challenging those earlier, supporting, studies. For this reason, I see it important that I make aware to all what these challenging studies have concluded since they do appear to have reasonable merit. It behooves all patients prescribed, or to be prescribed, a statin to lower their cholesterol to read this posting and search online for the references provided. Then, to do their own further research and study to make certain they are satisfied to accept the prescribing of statins into their system and the side effects that may result.

According to the comprehensive studies noted herein, the industry has apparently misled the public (and physicians) to believe statins are necessary to lower cholesterol in order to prevent CVD *when they are not!* As indicated in the references, those studies have been exaggerated to push statin medications when their benefits are actually miniscule. Statistics in several trials did not show appropriate evidence that statins were of any more effect than the patients in the trials who were in the placebo arm. They used “percentages” based on insignificant extremely low numbers and called them 50% more effective than placebo when they actually were not. They then heralded that “50%” as concrete evidence the statin deserved administration. In one of the references below “less than one-half of 1% of the treated population (0.41%) benefited from rosuvastatin treatment.”

According to these references, cholesterol-lowering trials have not succeeded in reducing the rate of mortality.

Statins are well known to cause adverse effects such as diabetes, cognitive impairments, cancer, cataracts, and musculoskeletal disorders, thus we, as patients, must be concerned, proactive, and question our physicians prescribing statins to provide *absolute* proof/valid reference material that the prescribed statin will actually serve a bigger purpose than the side effects they may cause.

You can do the same by stopping smoking, avoiding or lowering obesity, consuming foods low in sugar, partially hydrogenated fats and high saturated fats such as coconut, butter, eggs, and fat cheese.

The foregoing **is my opinion** based on these very comprehensive (and lengthy) studies regarding deception in hyping the prescribing of statins for the prevention of cardiovascular disease:

**How statistical deception created the appearance that statins are safe and effective in primary and secondary prevention of cardiovascular disease**

David M Diamond\* 4 and Uffe Ravnskov

**Statins stimulate atherosclerosis and heart failure: pharmacological mechanisms**

[Harumi Okuyama](#), [Peter H Langsjoen](#), [Tomohito Hamazaki](#), [Yoichi Ogushi](#), [Rokuro Hama](#), [Tetsuyuki Kobayashi](#) & [Hajime Uchino](#)

**LDL-C Does Not Cause Cardiovascular Disease: a comprehensive review of current literature - Uffe Ravnskov, et al**

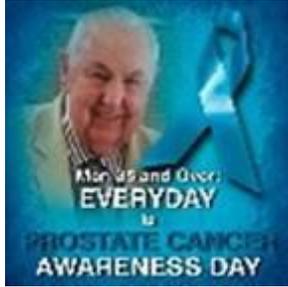
**Lack of an association or an inverse association between low-density lipoprotein cholesterol and mortality in the elderly: a systematic review - Uffe Ravnskov, et al**

As noted earlier, it is important that we patients become our own advocates and do our own research and study to make certain that which we are prescribed is sufficiently important to our well-being to merit accepting the often several harmful side effects that may occur with the medication being prescribed.

**DISCLAIMER:** Please recognize that I am not a Medical Doctor. Rather, I do consider myself a medical detective. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued deep research and study in order to serve as an advocate for prostate cancer awareness, and, from an activist patient's viewpoint, as a mentor to voluntarily help patients, caregivers, and others interested develop an understanding of this insidious men's disease, its treatment options, and the treatment of the side effects that often accompany treatment. There is absolutely no charge for my mentoring – I provide this free service as one who has been there and hoping to make their journey one with better understanding and knowledge than was available to me when I was diagnosed so many years ago. **IMPORTANTLY**, readers of medical information I may provide are provided this “disclaimer” to make certain they understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as **MY OPINION**, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing their prostate cancer care.

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A mentor should be someone who offers courtesy, professionalism, respect, wisdom, knowledge, and support to help you achieve your goals; would that I succeed)



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