

# Statin use increases substantially in US, although use suboptimal in high-risk groups

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From 2002 to 2013, the use of statins increased substantially among U.S. adults, although use in high-risk groups remains suboptimal, and there are persistent disparities among women, racial/ethnic minorities, and the uninsured, according to a study published online by *JAMA Cardiology*. The study is being released to coincide with its presentation at the American Heart Association's Scientific Sessions 2016.

Statins are one of the most well-established measures for the prevention and treatment of [atherosclerotic cardiovascular disease](#) (ASCVD). Guidelines released by the American Heart Association and the American College of Cardiology broadened the proportion of U.S. adults in whom [statins](#) are indicated from 37.5 percent (43.2 million) to 48.6 percent (56 million). These guidelines also included specific recommendations about using high-intensity statins among select high-risk individuals. However, contemporary data on national patterns for statin use are limited.

Khurram Nasir, M.D., M.P.H., of Baptist Health South Florida, Miami, and colleagues examined trends in use and total and out-of-pocket (OOP) expenditures associated with statins in a representative U.S. adult population. Demographic, medical condition, and prescribed medicine information of adults 40 years and older between 2002 and 2013 were obtained from the Medical Expenditure Panel Survey database.

From 2002 to 2013, more than 157,000 Medical Expenditure Panel Survey participants were eligible for the study (average age, 58 years; 52

percent female). Overall, statin use among U.S. adults 40 years of age and older in the general population increased 80 percent from 21.8 million individuals (18 percent) in 2002-2003 (134 million prescriptions) to 39.2 million individuals (28 percent) in 2012-2013 (221 million prescriptions). Among those with established ASCVD, statin use was 50 percent and 58 percent in 2002-2003 and 2012-2013, respectively, and less than one-third were prescribed as a high-intensity dose. Across all subgroups, statin use was significantly lower in women, racial/ethnic minorities, and the uninsured.

The proportion of generic statin use increased substantially, from 8.4 percent in 2002-2003 to 82 percent in 2012-2013. Gross domestic product-adjusted total cost for statins decreased from \$17.2 billion (OOP cost, \$7.6 billion) in 2002-2003 to \$16.9 billion (OOP cost, \$3.9 billion) in 2012-2013, and the average annual OOP costs for patients decreased from \$348 to \$94. Brand-name statins were used by 18 percent of statin users, accounting for 55 percent of total costs in 2012-2013.

"While total and OOP expenditures associated with statins decreased, further substitution of brand-name to generic statins may yield more savings," the authors write.

"These findings have important public health implications and should stimulate further discussions among stakeholders for pragmatic patient-centered interventions to improve appropriate statin use and manage associated costs."

**More information:** *JAMA Cardiology*, [DOI: 10.1001/jamacardio.2016.4700](https://doi.org/10.1001/jamacardio.2016.4700)

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