

PALLIATIVE CARE
DISCONTINUATION OF
STATINS ASSESSED

Among patients who are not expected to live longer than 1 year, discontinuation of statin therapy is associated with a small improvement in quality of life and large financial benefit, without significantly affecting survival or time to first cardiovascular event. These results come from a multicentre, parallel-group, randomized clinical trial.

Statins are used in both the primary and secondary prevention of cardiovascular disease. Owing to their beneficial effects on morbidity and mortality, statins are among the most prescribed drugs, and are often used by patients until the end of their lives. Notably, however, the number of medicines that an individual takes increases substantially in their last year of life. Additionally, advanced disease can alter a patient's metabolism of drugs. Both the polypharmacy and potentially altered metabolism at end of life increase the patient's risk of experiencing adverse effects. Kutner *et al.* set out to determine whether statin therapy should be considered for discontinuation in patients with advanced, life-limiting illness.

In total, 381 patients were enrolled in the trial. The proportion of patients who died within 60 days of enrolment—the primary end point of the study—was 23.8% and 20.3% for the patients randomly assigned to statin discontinuation and continuation, respectively ($P=0.36$). No significant differences were observed for survival or for time to first cardiovascular-related event. Statin discontinuation was associated with a total McGill Quality of Life Questionnaire score improvement of 0.26 ($P=0.04$). Daily cost savings attributable to statin discontinuation were US\$3.37 per patient. The investigators calculated that, in the USA alone, the potential annual cost saving would have been \$603 million in 2014.

“If the results we report ... had been produced by a randomized clinical trial of a new drug in patients with advanced life-limiting illness, the trial would be heralded as a breakthrough and there would be discussion of how to speed up access to this new drug,” claim the investigators. “The same energy needs to be applied to determining when it is appropriate for physicians to discuss discontinuing statin therapy with their patients.”

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Original article Kutner, J. S. *et al.* Safety and benefit of discontinuing statin therapy in the setting of advanced, life-limiting illness: a randomized clinical trial. *JAMA Intern. Med.* doi:10.1001/jamainternmed.2015.0289