

HELP for your HEART

A cholesterol-lowering statin medication might protect you from having a heart attack or stroke, common companions to diabetes.

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If you have diabetes, you likely take at least one prescription medication. The American Diabetes Association (ADA) 2015 Standards of Care suggests adding another to your arsenal—a pill to keep your LDL (bad) cholesterol in check. Your health care provider might recommend it even if your cholesterol levels are OK. Surprised? Many experts say this strategy makes perfect sense.

Heart disease is the No. 1 cause of death worldwide, and if you have diabetes, you're especially vulnerable. While having high LDL cholesterol absolutely raises your risk, it's not the only risk factor to consider. A family history of cardiovascular problems, smoking, and being overweight are all risk factors. And so is having diabetes.

The guidelines

Two out of three people with diabetes will die from heart disease or stroke. Because the risk is so great, the guidelines say people with diabetes (type 1 or 2) should take a statin—a prescription pill designed to protect your heart by lowering LDL cholesterol.

The quick synopsis: Unless you're younger than 40 and don't have any heart disease risk factors besides having diabetes, the ADA says you should be taking a statin medication.

"Statin are critically important for people with diabetes because their risk of heart disease is higher than that of people without diabetes, even when they have the same LDL

cholesterol levels," says Robert Ratner, M.D., chief science and medical officer for the ADA. He says the evidence showing statins work is especially compelling for those in the 40–75 age bracket.

Per the 2015 guidelines, all people living with diabetes in that key age group should be taking a statin. If you have heart disease risk factors in addition to diabetes (or if you already have heart disease), then the ADA says you belong on a high-intensity statin. This type, which includes atorvastatin (Lipitor) and rosuvastatin (Crestor), usually cuts LDL levels by more than 50 percent.

Don't have any additional risk factors? The ADA recommends a moderate-intensity statin, such as pravastatin (Pravachol) or simvastatin (Zocor), which reduces LDL by an average 30–50 percent. Lipitor and Crestor also can be prescribed at lower doses, reducing them to moderate-intensity.

The data proving that statins are effective in people younger than 40 and older than 75 are less clear, Ratner says. "Those are the real big question marks right now," he says. Still, the Standards of Care suggests that all people over 75 with

Even with no heart disease risk, people age 40 and above with diabetes should consider a statin.

—American Diabetes Association 2015 Standards of Care

diabetes take either a moderate- or high-intensity statin. It also says that those under age 40 should take a moderate- or high-intensity statin if they have risk factors in addition to having diabetes. (If you already have heart disease, you need a high-intensity statin.)

How diabetes hurts your heart

It's worth noting that other major medical organizations, such as the American Heart Association and the American College of Endocrinology (ACE), have slightly different stances regarding who needs a statin; talk with your health care provider. But these groups agree that people with diabetes have a much higher-than-average risk of developing diseases of the heart and blood vessels.

People with type 2 diabetes often have high blood pressure, abnormal blood fats, insufficient insulin, and insulin resistance, a condition in which the body can't use insulin effectively, says Yehuda Handlesman, M.D., a California-based endocrinologist and president of ACE. But people who have type 1 diabetes also are at risk; they have a higher risk when

compared with people without diabetes. Another issue: Just like the population at large, some people with type 1 diabetes may gain weight and develop some of the components of type 2 diabetes, Handlesman says.

Statins work by decreasing the amount of LDL cholesterol your body makes, says cardiologist Nieca Goldberg, M.D., medical director of the Joan H. Tisch Center for Women's Health at NYU Langone Medical Center in New York City.

Of course, statins aren't a magic bullet. "The foundation of heart disease prevention is diet and exercise," Goldberg says. Making healthful lifestyle changes, such as eating nutritious foods and being physically active, can lower your cholesterol about 12–15 mg/dl, but that might not be enough to avoid medication. "But if you do those things, you may be able to take a lower dose of statin, which can cut down on side effects," she says.

What about blood sugar?

You might have heard that some research has recently shown that statins raise blood glucose. So why would health care providers recommend that someone with diabetes take one?

First, it's not so clear-cut. "Some studies show they raise blood sugar, and others don't," Goldberg says. Handlesman explains that when statins do cause glucose to increase, it's not a major spike: "We know how to manage glucose, and the amount statins raise it is negligible," he says.

If you already have diabetes,

Handlesman says he wouldn't worry too much if your glucose goes up slightly once you start taking a statin. People who should be more cautious are those with prediabetes. Adding this medication could push their numbers up enough that they can be diagnosed with diabetes (type 2 is diagnosed, in part, when blood glucose is 126 mg/dl or higher). But opting for a statin could still be a good decision.

As with most things, it's all about weighing the risks and rewards. And when it comes to helping people at risk of heart disease, Goldberg, Ratner, and Handlesman agree that the benefits of taking a statin often outweigh the risk of slightly higher blood sugar.



SIDE EFFECTS: WHAT TO DO

Statins generally are well-tolerated, but they can have side effects—and raising blood glucose is just one of them. The most common complaints are muscle pain and weakness, though some people also report mild memory problems. If you think you're experiencing side effects, tell your provider, who may recommend one or more of the following steps:

- **Make a switch.** There are eight statins approved for use in the U.S., and some people have issues with one but not others. It may take some trial and error to figure out what works best for you.
- **Tweak your dose.** Lowering it a little could make a big difference, says cardiologist Nieca Goldberg.
- **Skip a day.** Endocrinologist Yehuda Handlesman notes that some people experience fewer side effects by using a statin every other day instead of daily. Be sure to talk with your health care provider before skipping a day.
- **Take it at bedtime.** You might have less muscle pain if you take your medication at night instead of in the morning, says Robert Ratner, M.D., of the American Diabetes Association.
- **Try coenzyme Q-10 (CoQ10).** Many people with diabetes have low levels of this antioxidant, and raising your levels with a supplement may help lessen the side effects, Handlesman says.
- **Consider an alternative.** Statins are generally believed to be the most effective drug for targeting LDL cholesterol, but if you're really having trouble with them, your health care provider could prescribe a different type of cholesterol-lowering drug, such as Welchol or Zetia.