Statins and the Nursing Home

The Health Care of the Elderly (HCoE) Program Committee would like to provide you with information to assist in your care of older patients.

An increasing number of people admitted into nursing homes receive a statin. However, the lack of evidence regarding statins’ effectiveness for these particularly vulnerable clients (given their short life expectancy) means that dyslipidemia guidelines are of no significant use. Recently, this issue was the subject of an interesting editorial in the Journal of American Medical Directors Association¹.

The editorial concluded that: “Based on the available data, we would suggest that the discerning physician may limit statin use in the majority of nursing home residents to those who have had a recent myocardial infarction or stroke, though even for these individuals, there may be no difference in all-cause mortality”

This recommendation was based upon the following factors:
- No randomised study has demonstrated that lower cholesterol diminishes mortality rates in people 80 years of age and over
- The addition of another medication contributes toward polypharmacy and therefore, an increased risk of adverse effects
- There is a significantly increased risk of myositis. I would also add that individuals with severe cognitive disorders are unable to clearly report adverse effects and pain may, therefore, go undetected.
- There is also a possible increased risk of falls in individuals with low muscle mass (sarcopenia).
- Finally, there is concern about risk of cognitive deterioration related to statins in individuals with dementia².

We should also stress that individuals with dysphagia already demonstrating difficulty swallowing numerous medications should not be prescribed additional medications of questionable effectiveness.

In conclusion, I believe that the default approach to statins should be that none are prescribed to nursing home residents except to patients who have recently suffered a stroke or myocardial infarction. However, a warning should be issued in these cases. While we should not cease to administer a statin in the days following a myocardial infarction or stroke (this could aggravate cardiac or cerebral damage), the cessation of a statin in medically stable patients has not been shown to significantly increase risk ³,⁴ and could even be beneficial.
Your committee

The HCoE Program Committee consists of representatives from the CFPC’s five regions and also has resident representation. If you have any ideas or questions related to your region, please let us know.

Dr. Paul Kivi, British Columbia/Alberta representative
Dr. Pravinsagar Mehta, Saskatchewan/Manitoba representative
Dr. Sidney Feldman, Ontario representative
Dr. Jody Woolfrey, Atlantic Canada representative (NB/PEI/NS/Nfld-Lab)
Dr. Fred Mather, Long Term Care representative
Dr. Robert Lam, Observer from the Canadian Geriatrics Society
Dr. Nada Abdel-Malek, Care of the Elderly Program Resident representative
Dr. Danika Kung Kean, FM Resident representative

Sincerely,

Dr. Marcel Arcand, Québec representative

Reference 1
Statins and the Nursing Home
Morley, John E. et al. Journal of the American Medical Directors Association, Volume 14, Issue 12, 853 - 854
doi: http://dx.doi.org/10.1016/j.jamda.2013.09.016

Reference 2

Reference 3
Statin rebound or withdrawal syndrome: does it exist?
doi: 10.1007/s11883-010-0148-x.

Reference 4
Managing comorbidities in oncology: A multisite randomized controlled trial of continuing versus discontinuing statins in the setting of life-limiting illness.
J Clin Oncol 32:5s, 2014 (suppl; abstr LBA9514)

Other interesting references:
Choosing Wisely AMDA recommendation as a link

Discussion on the impact of the new American guideline on lipids and the impact on increasing use in seniors: controversy?