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# Correspondence

## Statin Drugs

Thank you for publishing Dr. Marshall's article on statin drugs in your summer issue.<sup>1</sup>

I would like to call your attention to an additional report on statin adverse effects.<sup>2</sup> In a survey of 650 patients by Dr. Beatrice Golomb of the University of California at San Diego, 87% reported adverse drug reactions (ADRs) to their doctors. Patients and not the doctors initiated the discussion in 98% of complaints involving cognition, 96% of those involving neuropathy, and 86% of those involving muscle complaints. Physicians are far more likely to deny rather than affirm patient-reported ADRs. Rejection by physicians occurred even when symptoms had strong literature-based support. Physicians are unlikely to report ADRs to the Food and Drug Administration (FDA).

A continuing complaint from patients who report statin side effects is lack of physician responsiveness and even actual hostility. Physician responses to a patients' concerns that statins may be contributing to their memory loss, weakness, or depression vary from the imperious ("Statin don't do that") to the hostile ("Do what I say or get another doctor") to the threatening ("If you do not do what I say, you are going to die"). There is no doubt that this reaction has greatly undermined patient-physician relationships and weakened respect for physicians' authority.

I understand this reaction of front-line doctors, for I was there for 23 years. Direct-to-patient advertising has been a major contributor to this change in the patient-physician relationship, but there is another contributor, far more insidious: lack of doctor awareness of the true side-effect profile of our statin drugs. What we doctors know about a drug and its effects on the body is determined primarily by the pharmaceutical industry. Ever since the statin drugs were placed on the market (Merck's lovastatin was the first)

we have been told that we could expect some aches and pains and occasional liver inflammation that would respond to lowering of drug dose. For 20 years that is all we have been told. And this has been in a 40-year climate of perceiving cholesterol to be the enemy.

Meanwhile, victims of statin damage have dutifully submitted thousands of reports to Medwatch about their transient global amnesia, permanent peripheral neuropathy, permanent myopathy, chronic neuromuscular degeneration, and amyotrophic lateral sclerosis-like condition, anxiously awaiting some response. I have waited 7 years for some reaction to my own two reports of Lipitor-related amnesia, filed with Medwatch. Now I find that none of this information is being transmitted back to the practicing physicians who write the prescriptions. When I enter their offices they are incredulous at my talk of amnesia episodes and permanent damage to muscle and nerves, including an ALS-like syndrome.

I suggest that this current FDA and drug company philosophy of telling the doctors of our country only what they want them to know is the major contributor to the destruction of the patient-patient relationship. Our doctors have not been made aware of the truth, and soon will be targeted for legal action.

I wrote about this 5 years ago, and just this past month hundreds of mass tort cases have been filed in South Carolina for Lipitor/diabetes causation in women. As this becomes nationally known, there will soon be tens of thousands of cases.

**Duane Graveline, M.D., M.P.H.**

Merritt Island, Fla.

1. Marshall TM. New insights into the statin-cholesterol controversy. *J Am Phys Surg* 2014;19:42-46.
2. Golomb BA, McGraw JJ, Evans MA, Dimsdale JE. Physician response to patient reports of drug adverse effects: implications for patient-targeted adverse effect surveillance. *Drug Safety* 2007;30:669-675.