(Intensive) Lipid Lowering Therapy in Elderly Patients; Pros

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Atherosclerotic cardiovascular disease (ASCVD) remains the leading cause of death, especially in older adults. Managing modifiable risk factors (e.g., hyperlipidemia, hypertension) remains the primary approach to prevent ASCVD events and ASCVD-related mortality. Statins are generally considered one of the most effective approaches to reduce ASCVD risk, especially for secondary prevention, yet remain underutilized in older adults. The evidence to support statin therapy in older adults is less robust than in their younger counterparts, especially in individuals aged 75 years and older. Recent lipid guidelines have raised this concern, yet statin therapy is recommended in 'at risk' older adults. Determining which older adults should receive statin therapy for primary prevention of ASCVD is challenging, as the currently available risk estimation tools are of limited use in those aged over 75 years.

The 2013 American College of Cardiology/American Heart Association (ACC/AHA) guideline1 suggests that "a discussion of the potential ASCVD risk-reduction benefits, risk of adverse effects, drug-drug interactions, and consideration of patient preferences should precede the initiation of statin therapy for primary prevention in older individuals [those >75 years of age]." Furthermore, despite the lack of evidence, the guideline states that "the Pooled Cohort Equations provide information on expected 10-year ASCVD risk for those 76 to 79 years of age that may inform the treatment decision." Notably, the 10-year ASCVD risk estimated using the Pooled Cohort Equations for individuals older than 75 years, including those with an optimal risk factor profile, always exceeds 7.5%—the guideline-recommended treatment threshold. This represents one of the few instances in which a guideline-based recommendation for a lifelong therapy has been based solely on age, independent of any other factors. The recommendation does not incorporate quality-adjusted life expectancy, which has become increasingly important to consider with respect to screening or primary prevention that involves testing or drug therapy in older adults.

Furthermore, non-statin therapies have been de-emphasized in recent clinical practice guidelines and remain understudied in the older adult population. This is unfortunate given that older adults are less likely to tolerate moderate- to high-intensity statins. Non-statin therapies could be viable options in this population if more was understood about their ability to lower ASCVD risk and safety profiles. Nevertheless, lipid-lowering agents remain an integral component of the overall strategy to reduce atherogenic burden in older adults. Future research in this area should aim to enroll more older adults in clinical trials, determine the utility of ASCVD risk estimation for primary prevention, and investigate the role of non-statin therapies in this population.