Primary & Secondary Cardiovascular Prevention
“Reality & Myth About A Tablet Per Day That will Not Keep the Doctor Away”

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Two Thirds of People Admitted with Acute Myocardial Infarction have Metabolic Syndrome but 75% of These Patients have Completely Normal Total Cholesterol Concentrations. This is Because Total Cholesterol Isn’t the Problem?

Disclosure

It Took the Time’s 53 Years to Acknowledge the Mistake

Most cardiovascular events and deaths attributable to raised blood pressure and dyslipidemia occur among patients with blood pressure and lipid concentrations deemed normal. Assessment of the effects of lipid lowering...
RRR

Statistical Deception Via Relative Risk Reduction

Does Not Stand In Court of Law

In conclusion, we report a long-term follow-up of the benefits of early treatment of hypertensive patients with atorvastatin compared with placebo on all-cause mortality, best attributed to a reduction in non-CV deaths, and contributed to by a reduction in deaths from infection and respiratory illness. Pleiotropic effects of statin use are speculated to play a role in the protection afforded by statins, but our hypothesis that there remains a longer term legacy effect has, to date, no definitive explanation but, in any event, should not be considered a case for discontinuation of statin use.

Despite 28% Reduction in LDL-C in the Statin Group, ALLHAT-LLT Trial Failed to Show Any Benefit in Either “All-Cause Mortality”

“Combined Nonfatal & Fatal Myocardial Infarction”

NO Benefit in ALLHAT-LLT Trial of Pravastatin Because it is the Only Major Non-Industry Funded Study on Statins Done to Date

Rosuvastatin was 98.4% Vs Placebo 97.2%
1.2% For Drug Group Over Placebo
by Statistical Deception Through RRR:
7.3% Divided By 2.8% = RRR 4.8% = 55.4%
There is Evidence of Selective Reporting of Outcomes with Failure to Report Adverse Events Or Inclusion of People with Cardiovascular Disease

There is No Evidence that Primary Prevention with Statins is Cost Effective

Any Expectations for Statin Use Have Not Been Met

Instead, They Have Found a Pattern of Overestimation of Benefit & Underestimation of Harm

Professor Peter C Gotzsche
Director of Nordic Cochrane Centre

"Deadly Medicine & Organized Crime"