After 50,000 Patients, I Noticed This About Statins… Transcript

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Statins, LDL, and what the numbers miss

Hello from the jungles of Costa Rica. I want to tell you, your LDL can drop dramatically on a statin, and that impressive looking number still does not tell whether the drug meaningfully reduced your chance of a heart attack, extending your life, or addressed what is damaging your arteries in the first place.

Most patients are shown how far their LDl fell. They're not shown the far more important number, how much their absolute risk changed, and they are rarely told what inflammation, oxidative stress, insulin resistance, toxins, poor nutrition, disrupted sleep, or other root causes may still be doing to their cardiovascular system.

By the end of this video you'll know what a statin is actually doing for you, whether your symptoms may be connected to it and the questions your doctor should have answered before handing you a lifetime prescription.

and I've worked with cardiovascular patients for more than 20 years. If you want to discover what your cholesterol numbers leave out before making a statin decision, I'll show you in my free webinar, the truth about cholesterol.

Here's where I begin. I call this the safe statin audit. S is for study your situation. Just start with one question. Is this stat in being prescribed for primary or secondary prevention?

Primary vs secondary prevention and baseline risk

Primary prevention means you've never had a cardiovascular event. Secondary prevention, means, you have already had heart attack, stroke, angioplasty stent or bypass surgery.

Now, why does this matter? Because your starting risk determines the size of any possible benefit. A person at high risk may have a larger absolute benefit, but if you are younger, have never experienced a cardiovascular event and were prescribed a statin simply because one cholesterol number frightened your doctor, the absolute benefits may be surprisingly small.

That distinction changes the entire conversation and it often gets glossed over. So write down your statin. What is the dose? What does the schedule? Why was it prescribed?

And when was that started or even increased? Add your cholesterol results before and after treatment, cardiovascular history, blood pressure, sugar, smoking, symptoms, medications, and other supplements.

Drug interactions can increase how much statin circulates in your body and potentially increase adverse effects. Ask whether your evaluation included more than a basic cholesterol panel.

Depending on your situation, that may include ApoB, glucose, A1C, fasting insulin, liver enzymes, thyroid, inflammatory markers, oxidative stress, and so much more.

Check your CK if you have muscle symptoms. But understand this, a normal Ck. does not prove that your muscle pain, weakness, fatigue, or exercise intolerance is unrelated to the statin.

You're more than one laboratory result. Now, A in the safe model is for assess the evidence and ask the tough questions. Lowering LDL and helping the patient are not the same measurement.

What statins change and what they don't

they never have been. A s down within weeks while t attacking the blood vessel in place. The drug does diet. It does not restore And it certainly does not correct insulin resistance.

It makes it worse. it doesn't heal the gut, it doesnt rebuild the blood vessel, and it dosen't improve your oxidative stress. Now it DOES move a laboratory number like cholesterol and LDL.

That does NOT mean the number is meaningless. IT means the NUMBER is not the patient. Not you. And should never be sold as proof that the underlying problem has been solved.

Because it hasn't. For instance, the cholesterol treatment trial is collaboration pooled approximately 175,000 participants and they reported that 21% relative risk reduction in major cardiac events.

21%. Sounds enormous, but that's why relative. Risk is effective in pharmaceutical marketing. but among people with a five-year cardiovascular risk below 10%. The reported difference was approximately 11 fewer events for every 1,000 people treated for five years.

Put another way, 989 out of a thousand people did not have a major vascular event prevented by the statin during that period. That is the number patients need to hear.

It's a tiny, tiny benefit. And what is a better way? but instead they're showing the LDL reduction, congratulating on the great numbers, and sent home with refills.

They are rarely shown the absolute risk reduction if ever. they are not shown which outcome was reduced or whether the total mortality was changed. LDl looks controlled, so everyone stops looking.

Meanwhile, the inflammation, oxidative stress, insulin resistance, nutrient deficiencies, toxic exposures, disrupted circadian biology, poor sleep, and unhealthy lifestyle patterns continue unchecked.

No cholesterol test can tell you with certainty that you will benefit from a statin. Additional testing cannot predict that either.

Absolute risk reduction and potential harms

But inflammation, metabolic, particle numbers, and oxidative stress markers can reveal problems that a routine cholesterol panel misses. Look at the whole person.

Tests don't guess. Knowing that your LDL dropped is not enough. In my free webinar, The Truth About Cholesterol, I show you which markers complete the risk picture and which food and lifestyle strategies begin addressing the root causes.

Check the link below. Now F in our method is for focus on risk versus benefits and find possible alternatives. Do not let anyone sell you a relative risk percentage without showing you the absolute numbers.

A claim 20% relative reduction could mean your risk falls from 20 percent to 16 percent. An absolute reduction of 4 percentage points. Or it could your mean risk fall from 2% to 1.6%. An absolute risk reduction of only 0.4% points.

Same impressive headline, completely different personal benefit. Ask how many people like you must take the drug and for how long for one person to avoid the specific outcome being discussed.

ask whether the outcome was a non-fatal event, a procedure or actually dying. These outcomes are not interchangeable even though they're often bundled together to make the results look more impressive.

Then look honestly at the potential harms. Did muscle pain, weakness, fatigue, brain fog, memory changes, poor exercise tolerance, sleep disruption or blood sugar problems Begin after starting the drug or increasing the dose.

Are the symptoms affecting large muscle groups on both sides? Did they improve during a medically supervised pause and return after a medical supervised restart?

Do not allow a symptom that began after new medication to be dismissed simply because a laboratory test remained normal. Other possible contributors, including medication interactions, thyroid dysfunction, kidney problems, blood sugar dysregulation, physical injury, poor sleep, and nutritional deficiencies should also be investigated.

But it couldn't be the statin is not an investigation. It's an assumption. Statins reduce certain cardiovascular events in clinical trials. But that fact does not answer the question that matters to you.

What is my absolute chance of benefiting? What does my chance have experiencing harm? And what is being done about every other contributing factor to cardiovascular risk?

Symptoms, diabetes risk, and a case example

A lower LDL result is not proof of better health. It is NOT proof that the arteries are healthier. And it's certainly not a substitute for evaluating the entire person.

Statins can raise blood sugar and contribute to new diabetes diagnoses, particularly in people who are already metabolically vulnerable, which are most people.

If strength, stamina, muscle, discomfort, cognition, blood sugar controls changes after starting a statin drug, don't shrug it off. Investigate it. Test, Don't guess.

Here's one example. I'll just call him Jim at 64. He was prescribed 40 milligrams of atorvastatin for primary prevention. Within three weeks, he developed significant brain fog.

We stopped the medication and his symptoms resolved within days. Now that does not prove that everyone will respond the same way. However, it does demonstrate why the timeline matters.

When the symptoms begin after starting a medication and improve after stopping it, that connection deserves serious investigation, not a dismissal. E is for engage in a plan to reduce your risk.

with your doctor, not instead of them. Bring these four questions to your next appointment. First, am I taking this statin to prevent my first cardiovascular event or because I've already experienced one?

What is my estimated absolute risk with the drug and without it? That's very important. Second, which specific outcome is this Statin expected to reduce for me?

How many people like me must take it and for how many years for one person to avoid that outcome?

Questions to bring to your doctor

Third, could my symptoms or laboratory changes be connected to the statin? How can we investigate that safely instead of automatically dismissing the possibility?

Fourth, Beyond LDL, what are we measuring and addressing that may be driving my cardiovascular risk? Things like inflammation, oxidative stress, insulin resistance, environmental toxins, and other metabolic factors.

Bring your complete medication and supplement list, the dates and doses of every change, cholesterol results before and after, blood pressure readings, glucose, A1C, liver enzymes, thyroid, and anything else that's important in a written timeline of your symptoms.

Do not abruptly stop, reduce, alternate, or restart a prescription medication on your own. Make changes with appropriate medical supervision, especially if you've experienced a heart attack or stroke or have undergone a stent or bypass procedure.

Chest pressure, sudden shortness of breath, fainting, facial drooping, One-sided weakness or difficulty speaking is not a wait and see situation. Call emergency medical services.

Severe unexplained muscle weakness, dark urine, yellowing of the skin, or signs of severe allergic reaction require urgent medical evaluation. That is the safe statin audit.

Study your situation, assess the evidence, focus on risks versus benefits, and engage in a plan with your doctor. Statins are very effective at lowering a lab number down.

That does not mean they've corrected the causes of cardiovascular disease. They don't. It does not mean everyone who takes a statin drug receives a meaningful benefit.

They don't. And it does mean symptoms should be sacrificed at the altar of an LDL. No. Don't do it.

Closing message and webinar call to action

The mainstream, lower is always better model has reduced cardiovascular medicine to chasing cholesterol while too often ignoring the damaged biological terrain in which heart disease develops.

You are not an LDL result. Your arteries are no cholesterol panel and a prescription is not a root cause plan. If you want to move beyond cholesterol fear, understand what your numbers leave out, and build a strategy around your actual cardiovascular health, watch my free webinar, The Truth About Cholesterol.

Click the link below and thank you for watching.