Are Statins Safe? What Every Patient Should Know Transcript

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Introduction to statin risks

If you're someone who was told you need If you're someone who was told you need a statin for your cholesterol and you a statin for your cholesterol and you want to understand what those want to understand what those medications might be doing inside your medications might be doing inside your body, not just lowering your number, but body, not just lowering your number, but affecting your energy, your brain, and affecting your energy, your brain, and your muscles, and why so many patients your muscles, and why so many patients still don't feel well despite good labs, still don't feel well despite good labs, I want to walk you through this based on I want to walk you through this based on patterns I've seen over years of patterns I've seen over years of clinical experience because this matters clinical experience because this matters now before you simply stay on a now before you simply stay on a medication long-term without fully medication long-term without fully understanding the trade-offs. And the understanding the trade-offs. And the question is, what are we missing? Hi, question is, what are we missing? Hi, I'm Dr. Fred Bloom. I'm a holistic and I'm Dr. Fred Bloom. I'm a holistic and integrated physician, and I help integrated physician, and I help patients who are dealing with complex patients who are dealing with complex chronic health issues. People who've chronic health issues. People who've often seen multiple doctors and still often seen multiple doctors and still don't feel well. If that sounds like don't feel well. If that sounds like you, make sure you like this video, you, make sure you like this video, subscribe to the channel, and sign up subscribe to the channel, and sign up for my newsletter. And as you're for my newsletter. And as you're listening, I'd really like to hear your listening, I'd really like to hear your experience. So, feel free to leave a experience.

Cholesterol and body systems

So, feel free to leave a comment below. Let's talk about why this comment below. Let's talk about why this topic matters more than most people topic matters more than most people realize. Most people are told something realize. Most people are told something very simple. Your cholesterol is high, very simple. Your cholesterol is high, statins lower cholesterol, low statins lower cholesterol, low cholesterol reduces risk. And that cholesterol reduces risk. And that sounds logical, but what's often missing sounds logical, but what's often missing is a deeper conversation about what is a deeper conversation about what cholesterol actually does in the body cholesterol actually does in the body and what happens when we interfere with and what happens when we interfere with that system. Cholesterol is not just that system. Cholesterol is not just something that clogs arteries. It's part something that clogs arteries. It's part of your cell membranes. It's a building of your cell membranes. It's a building block for hormones, and it plays a role block for hormones, and it plays a role in brain function. So, when we lower in brain function. So, when we lower cholesterol, we're not just lowering a cholesterol, we're not just lowering a number, we're influencing multiple number, we're influencing multiple systems at once. And this is where many systems at once. And this is where many patients start to feel confused because patients start to feel confused because their labs improve, but they don't feel their labs improve, but they don't feel better. Sometimes they feel worse, and better. Sometimes they feel worse, and no one connects the dots. Over the no one connects the dots. Over the years, I've seen a pattern. Patients years, I've seen a pattern. Patients come in with fatigue that didn't exist come in with fatigue that didn't exist before, muscle pain that seems before, muscle pain that seems unexplained, and brain fog that unexplained, and brain fog that gradually crept in. And when you go back gradually crept in. And when you go back in the timeline, very often there's one in the timeline, very often there's one event that stands out. That's when I event that stands out. That's when I started my a started my a Now, I want to be very clear. This is Now, I want to be very clear. This is not about saying statins are good or not about saying statins are good or bad. This is about understanding what bad. This is about understanding what they do and how that interacts with your they do and how that interacts with your biology. Because once you understand biology.

The mechanism of statins

Because once you understand that, the conversation becomes much more that, the conversation becomes much more intelligent. Let's go a little deeper. intelligent. Let's go a little deeper.

Statins work by blocking an enzyme in Statins work by blocking an enzyme in the liver called HMG-CoA the liver called HMG-CoA reductase. That enzyme is involved in reductase. That enzyme is involved in cholesterol production, but is also cholesterol production, but is also involved in producing other important involved in producing other important compounds. One of them is something compounds. One of them is something called coenzyme Q10. CoQ10 is critical called coenzyme Q10. CoQ10 is critical for mitochondrial function, and your for mitochondrial function, and your mitochondria are responsible for mitochondria are responsible for producing energy. So, when coenzyme Q10 producing energy. So, when coenzyme Q10 drops, energy production drops. And drops, energy production drops. And that's where patients often begin to that's where patients often begin to notice fatigue. Not dramatic at first, notice fatigue. Not dramatic at first, just a little less energy and a little just a little less energy and a little more effort to do the same things. And more effort to do the same things.

Muscle pain and energy loss

And over time, it becomes their new normal. over time, it becomes their new normal. Now, let's talk about muscles. Muscle Now, let's talk about muscles. Muscle pain is one of the most commonly pain is one of the most commonly reported side effects of statins. But reported side effects of statins. But here's what's interesting. It's often here's what's interesting. It's often dismissed. Patients are told that's not dismissed. Patients are told that's not related or it's just aging. But when you related or it's just aging. But when you understand the mechanism, reduced understand the mechanism, reduced mitochondrial energy and reduced CoQ10, mitochondrial energy and reduced CoQ10, it starts to make sense. Muscles are it starts to make sense. Muscles are energy dependent tissue. When energy energy dependent tissue. When energy production drops, muscles don't function production drops, muscles don't function the same way. They become more prone to the same way. They become more prone to soreness, weakness, and slower recovery.

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Brain health and cognition

And I've seen patients who stopped And I've seen patients who stopped exercising, not because they wanted to, exercising, not because they wanted to, but because it just didn't feel right but because it just didn't feel right anymore. Then there's the brain. The anymore. Then there's the brain. The brain is highly cholesterol dependent.

brain is highly cholesterol dependent. It uses cholesterol for synapse It uses cholesterol for synapse formation, communication between formation, communication between neurons, and overall cognitive function.

neurons, and overall cognitive function. So, when cholesterol metabolism changes, So, when cholesterol metabolism changes, some patients begin to notice subtle some patients begin to notice subtle cognitive changes, word finding issues, cognitive changes, word finding issues, slower thinking, and a sense of not slower thinking, and a sense of not being as sharp. Again, not everyone, but being as sharp. Again, not everyone, but enough that it's a pattern.

enough that it's a pattern.

Clinical case study

And when you hear the same story enough And when you hear the same story enough times, you start paying attention times, you start paying attention differently. Let me give you a patient differently. Let me give you a patient story. A man in his late 50s, story. A man in his late 50s, successful, sharp, very active. He was successful, sharp, very active. He was started on a statin after a routine lab started on a statin after a routine lab showed elevated LDL. Within a few showed elevated LDL. Within a few months, he began noticing fatigue, then months, he began noticing fatigue, then muscle soreness, and then something that muscle soreness, and then something that concerned him even more. He felt concerned him even more. He felt mentally slower. He told me, "I can mentally slower. He told me, "I can still do my job, but it takes more still do my job, but it takes more effort." No one had connected this to effort." No one had connected this to the medication. His labs looked better.

the medication. His labs looked better. So, from a conventional standpoint, So, from a conventional standpoint, everything was working, but from his everything was working, but from his perspective, he didn't feel like himself perspective, he didn't feel like himself anymore. We didn't just stop the statin anymore. We didn't just stop the statin blindly. We stepped back. We looked at blindly. We stepped back. We looked at his overall cardiovascular risk, his his overall cardiovascular risk, his inflammation markers, and his metabolic inflammation markers, and his metabolic health, and we created a more nuanced health, and we created a more nuanced plan. Over time, as we adjusted his plan. Over time, as we adjusted his approach, his energy improved, his approach, his energy improved, his clarity returned, and most importantly, clarity returned, and most importantly, he felt like himself again. This is he felt like himself again. This is where clinical interpretation becomes where clinical interpretation becomes important, because medicine is not just important, because medicine is not just about numbers. It's about patterns. It's about numbers. It's about patterns. It's about how systems interact. And it's about how systems interact.

Patient-centered care

And it's about listening carefully when patients about listening carefully when patients tell you something has changed. Now, who tell you something has changed. Now, who does this apply to? If you're on a does this apply to? If you're on a statin and you feel completely fine, statin and you feel completely fine, this may not apply to you, and that's this may not apply to you, and that's important, because not every patient important, because not every patient experiences side effects. But if you experiences side effects. But if you have a very high cardiovascular risk, a have a very high cardiovascular risk, a statin may be an appropriate part of statin may be an appropriate part of your care. But if you started a statin your care. But if you started a statin and since then you've noticed fatigue, and since then you've noticed fatigue, muscle pain, or changes in your mental muscle pain, or changes in your mental clarity, this is worth exploring, not clarity, this is worth exploring, not assuming, exploring, and doing that in a assuming, exploring, and doing that in a thoughtful, individualized way. And thoughtful, individualized way. And there's nuance here. Sometimes, it's not there's nuance here. Sometimes, it's not the statin alone. It's the interaction the statin alone. It's the interaction between the statin and other factors.

between the statin and other factors. Nutrient deficiencies, mitochondrial Nutrient deficiencies, mitochondrial stress, inflammation, and hormonal stress, inflammation, and hormonal imbalance. This is where a systems-based imbalance. This is where a systems-based approach becomes valuable because you're approach becomes valuable because you're not just asking, is this drug lowering not just asking, is this drug lowering cholesterol? You're asking, what is this cholesterol? You're asking, what is this doing to the whole person? And this is doing to the whole person? And this is where many patients feel dismissed where many patients feel dismissed because their experience doesn't match because their experience doesn't match the textbook. And when that happens, the textbook. And when that happens, they stop trusting their own body. They they stop trusting their own body. They stop asking questions, and they assume stop asking questions, and they assume this is just how life is now. It doesn't this is just how life is now. It doesn't have to be that way. There is room for a have to be that way. There is room for a more thoughtful conversation. So, here's more thoughtful conversation. So, here's the takeaway. Statins can be helpful for the takeaway. Statins can be helpful for certain patients, but they are not certain patients, but they are not neutral. They affect multiple systems.

neutral. They affect multiple systems. And if something changes in how you feel And if something changes in how you feel after starting one, that deserves after starting one, that deserves attention, not dismissal. And I'll leave attention, not dismissal. And I'll leave you with a few questions. Has anyone you with a few questions. Has anyone ever explained statins to you this way?

ever explained statins to you this way? If you've taken a statin, did you notice If you've taken a statin, did you notice any changes, good or bad, that no one any changes, good or bad, that no one connected at the time? And would you connected at the time? And would you want me to go deeper into how to want me to go deeper into how to evaluate cardiovascular risk beyond just evaluate cardiovascular risk beyond just cholesterol? I'm curious what your cholesterol? I'm curious what your experience has been.

experience has been. >> [music]