Why Your Doctor Wants You Taking a Statin (Most People Don't Need One) Transcript

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Introduction: Why Statins Aren't the Whole Story

Your doctor wants you taking a statin because it lowers cholesterol. But lowering cholesterol is not the same as identifying what is damaging your arteries.

It does not explain why your biology became abnormal and it does NOT remove the root causes driving cardiovascular disease. I do not recommend statins.

Ever. And by the end of this video, you will understand why I reject the statin first model and the four questions I believe every patient should ask before accepting a lifetime prescription.

I'm cardiologist Dr. Jack Wolfson. Across more than 100,000 patient visits, I've learned that one cholesterol result can never tell you the full story.

If you want to know which tests may add important context to your cardiovascular risk and what you can do about the root causes, then watch my free webinar, The Truth About Cholesterol.

The link is below. Now here's question number one. What is your real heart attack risk? Before anyone recommends a drug, they should identify what is actually putting you at risk.

Question 1: Assessing Real Heart Attack Risk

Have you already experienced a heart attack or stroke? Have You had a stent or bypass? Are you insulin resistant? Do you smoke? do you have high blood pressure?

Things like inflammation, oxidative stress, endothelial dysfunction, elevated Lp little a or a high number of apo B containing particles. Those questions matter, but conventional cardiology often reduces the entire conversation to one number LDL cholesterol.

Your LDL is high so you're told to take a stat. Your LDO comes down so the treatment is declared successful. But what caused the abnormal result? Do you eat fake food?

You live under constant stress. Do sleep poorly? Sit all day? Are you exposed to toxins? Artificial light at night, mold and other harmful inputs? Do you lack sunlight, movement, real food, restorative sleep, purpose and meaningful relationships?

A statin does not address those questions. A normal cholesterol result does NOT erase those risks. and a high cholesterol result by itself does not prove that cardiovascular disease is present.

These harmful inputs can disrupt metabolic and gut health, activate the immune system, increase inflammation and oxidative stress, damage the endothelium, and create the biological environment in which these abnormal markers and vascular disease develop.

The real question is what created the problem? That's where the investigation should start. Now here's question number two. What is your cholesterol panel miss?

Cholesterol is essential. Your brain needs it, your hormones need it. Every cell membrane in your body depends on it LDL is not a poison. Calling it bad cholesterol stops the investigation before it begins.

Question 2: What a Cholesterol Panel Misses

The complete story, including how many APOB containing particles are circulating, whether those particles become retained in the arterial wall and whether oxidative stress and inflammation damage the particles in surrounding tissues.

That's the question. So do not ask how low can we push the LDL. Ask what's happening to those particles and what the biological environment they are traveling through is really happening.

A large registry involving more than 130,000 hospitalizations for coronary disease found that most of those people had an LDl below 100. So that does not mean that LD is irrelevant.

It means that conventional cholesterol testing does tell you by itself whether a serious risk is at play. two people can have the same LDL and very different cardiovascular risk.

One person may have insulin resistance, inflammation, oxidative stress, and endothelial dysfunction. Another person, may the have same ldl number, but a different risk, so one number is not the whole picture.

Depending on someone's history, I may look beyond conventional cholesterol panels and evaluate things like oxidized LDL, inflammation, insulin resistance, homocysteine, total toxin burden.

I also look at things micronutrients, omega-3 levels, etc. So these tests do not predict the future with certainty, but they add important context and help identify the biology that needs attention.

That's why I say, test don't guess. Now, if you want to understand which tests may add context to your cardiovascular risk, I explain them in my free webinar, The Truth About Cholesterol.

And if click the link below, you can reserve your seat in the next webinar. So here's question number three. What is the real benefit versus the trade-off?

This is where the numbers can become misleading. You may hear that statin lowers your risk by 20, 30, even 50%. That number sounds really big. But what kind of risk are they talking about?

They're talking about relative risk, which compares the change with a starting number. But what you really want to know is things like absolute risk. You want know things, like number needed to treat.

That's what we want now. Imagine a hundred similar people followed for a specific period. Without the medication, two people have a cardiovascular event.

With the medications, one person has an event, the risk fell from 2% to 1%. That is a 50% relative reduction. Sounds huge.

Question 3: Real Benefit vs Trade-Off

The marketing companies love that. But the absolute difference is one percentage point. If 100 similar people took the medication for that period, one additional person would avoid the event being measured.

Not 50. One person. Here's another hypothetical example. 16% relative risk reduction, but the absolute reduction would only be 0.16 percentage points.

These are examples, not predictions for any individual person. Trial results depend on the population, starting risk, medication, dose, treatment duration, etc.

That is why you should never accept a relative risk headline without asking for the absolute numbers. Make sure to ask your doctor for absolute risk reduction.

How many people experienced the outcome? How may did not? how long were they followed? Was the out come a heart attack, a procedure, cardiovascular death or death from any cause?

These are really important things for you to know. How many people would need to take the drug and for how long to prevent one event. That's the number needed to treat.

Then look at the trade-offs. Statins can be associated with muscle symptoms and maybe rarely serious muscle injury. They may increase blood sugar and diabetes risk.

they also have rare serious liver injury and also cognitive issues for a lot of people. But my objection goes beyond side effects. A statin does not identify why the person became metabolically unhealthy.

It does not remove the fake food the toxins the chronic stress the sleep issues the physical inactivity Now it lowers a downstream marker while leaving the upstream investigation unfinished that is not root cause cardiology Here's question number four.

What can you do instead not how low can cholesterol go? You want to ask the four questions, why are my numbers abnormal and what dysfunction may be driving them?

Number two, what evidence shows that cardiovascular disease is actually present? Third, What are inflammation, oxidative stress, insulin resistance, other advanced biomarkers and toxins really telling us?

And fourth, well, can I remove, restore, test, track and change to address the causes of my cardiovascular diseases risk? Now you're talking about your actual biology.

Now, you are investigating what damaged the artery, what created the inflammation, What led to oxidative stress, and what caused the biomarkers to become abnormal.

Question 4: What You Can Do Instead

That is the conversation I want my patients to have. My position is clear. I do not recommend statins. If you currently taking a statin, This video is educational and not any instruction to abruptly stop or change your prescription.

Medication changes require an individualized plan, appropriate monitoring, and supervision from a qualified physician who understands your medical history.

But do not allow anyone to end the investigation simply because a drug lowered your cholesterol number. Too much fake food, too much stress, Too many toxins, to much artificial light, Too little movement, too little connection.

Essentially too much bad stuff and not enough good stuff. That's where the problem begins. And a statin drug does not address any of that. The abnormal cholesterol result is not the beginning of the story.

Do not chase one number while ignoring the biological environment that produced it. Look at how you eat, how live, think. Identify the bad Restore the good.

Use the testing. And again, if you want more information, click the link below. Join our free webinar called The Truth About Cholesterol. We'll talk about LDL, we'll about statins, and we will talk the real root causes of cardiovascular disease so you can prevent the number one killer.