Together 2 Goal®

AMGA Foundation
National Diabetes Campaign

May 2020 Webinar at Work

"Putting T2G webinars into practice"

Webinar: "Statin Use in Type 2 Diabetes Mellitus"
Speakers: Laura Balsamini, Pharm.D., BCPS,
National Vice President of Pharmacy Services at Summit Medical Group
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Summary:
In this this webinar, Laura Balsamini discusses the benefits and common reservations patients have regarding statin prescriptions. She provides an overview of 1) statin benefits and guidelines, 2) statin-associated side effects, 3) addressing statin-associated side effects, and 4) addressing medication adherence with statins.

1. **Statin Benefits and Guidelines**
    a. Statins remain the first-line lipid lowering medications and sow the greatest reductions in those with high baseline ASCVD risk
    b. According to 2018 ACC/AHA Guidelines for Management of Blood Cholesterol:
        - Moderate-intensity statins are recommended for 40 – 75 year old patients with diabetes and an LDL≥ 70 mg/dL
        - High-intensity statins are recommended for higher risk patients with diabetes (e.g., 50 -75 years old and/or multiple risk enhancers)
        - Maximally tolerated statins are recommended for patients with very high risk of ASCVD
    c. 2020 ADA Lipid Management recommendations include:
        - Employing lifestyle modifications
        - Optimizing glycemic control for patients with low HDL cholesterol and/or elevated triglyceride levels
        - Monitoring lipid panels consistently

2. **Statin-Associated Side Effects**
    a. Statin therapy is usually well tolerated and safe
        - About 85-90% of patients report no side effects
    b. Although rare, statin-associated side effects can be challenging to assess and manage
    c. The most frequent type is SAMS (Statin-Associated Muscle Symptoms)

- This is further divided into myalgia, myositis or myopathy, and rhabdomyolysis symptoms

3. **Addressing Statin-Associated Side Effects**
    a. To assess side-effects:
        - Obtain a careful history of onset symptoms
        - Evaluate nature of symptoms including location and pattern
        - Eliminate non-statin causes of muscle symptoms: vitamin D deficiency, hypothyroidism, polymyalgia rheumatica, recent unaccustomed exercise, etc.
        - Determine severity of muscle symptoms (tolerable vs. intolerable) and obtain CK levels
        - Address drug interactions that increase statin exposure
    b. To address side-effects:
        - Reduce the dose and/or intensity
        - Reduce frequency of administration
        - Switch to a statin metabolized by a different pathway

4. **Addressing Medication Adherence with Statins**
    a. Utilize shared decision making tools, such as an ASCVD 10-year Risk Estimator at the point of prescribing
    b. Leverage Clinical Pharmacy Services to:
        - Provide telephonic outreach for counseling and clinician-patient risk discussion (including outreach to patients with low adherence rates and counseling on a heart healthy diet)
        - Synchronize medications or consider a 30 to 90 day switch to minimize trips to the pharmacy
        - Manage comprehensive medication review using embedded pharmacists
        - Collaborate with providers to manage statin intolerance

Implementation Tips:

To talk to a patient about the possible side effects of statins, use the 5 M's (+ 1 H) of statins:

Myalgia or **Muscle**

- Discuss low possibility for wide range of muscle symptoms
    - Myalgia - or muscle pain – is most common form of SAMS
- Define statin intolerance for patients:
    - Muscle-related symptoms that resolve with discontinuation of therapy
    - Symptoms occur with re-challenge on at least 2 to 3 statins

Medication Interactions

- Review with patients that statins interact with numerous medications
- Adjust dose to account for drug interactions

Major Organ Effects

- Discuss the possibility of transient transaminitis
    - Note: it is rare in incidence and rarely clinically significant

Metabolism

- Discuss the small increase in risk of new-onset diabetes for patients with one or more pre-existing risk factors for diabetes

Memory

- Inform patients of the possible association between first exposure of statin therapy and short term memory loss, but emphasize further research is needed to establish a relationship and memory loss is reversible with drug cessation

Hemorrhagic Stroke

- Discuss the slight increase in intracranial hemorrhagic (ICH) stroke. Highlight that this slight increase in risk pales in comparison to the reduction of ischemic strokes through statin use

Team Discussion:

1. How do our providers currently approach re-challenging a patient's statin intolerance?

2. What can we do to standardize statin prescribing and re-challenging? (e.g., share guidelines, leverage point-of-care tools, etc.)

3. How can we assist providers with talking points when patients are resistant to statins? (e.g. reduce dosage/intensity, reduce frequency of administration, switch to different type of statin, etc.)

4. What methods of outreach do we utilize to address medication adherence? Is there anything we can do to enhance this effort?

5. How are pharmacists currently embedded into our workflow? How can we improve collaboration between providers and pharmacists to manage statin intolerance?

Additional Notes:

Next Steps:

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Resources:

- American Heart Association and American College of Cardiology 2018 Top Ten Take Home Messages
- American College of Cardiology 2018 Guideline on the Management of Blood Cholesterol