

Is Lowering Cholesterol Desirable?

Studies With No Mortality or Minimal Cardiovascular Benefit

“Table 1 lists 44 cholesterol-lowering RCTs that reported no mortality benefit. Most reported no reduction in CV events, and several reported substantial harm . . .”

– From Cholesterol Paradox: A Correlate Does Not a Surrogate Make, Robert DuBroff, Evid Based Med, 2017;22(1):15-19.

<https://ebm.bmj.com/content/22/1/15>

“The table summarizes 29 major RCTs of cholesterol reduction reported after the publication of these regulations. Notably, only 2 of these 29 studies reported a mortality benefit, while nearly two-thirds reported no cardiovascular benefit at all.”

– A Reappraisal of the Lipid Hypothesis, by Robert DuBroff, MD, The American Journal of Medicine, September 2018, Volume 131, Issue 9, Pages 993–997.

[https://www.amjmed.com/article/S0002-9343\(18\)30404-2/fulltext](https://www.amjmed.com/article/S0002-9343(18)30404-2/fulltext)

Framingham – Lowering Cholesterol Produced Harm

“There is a direct association between falling cholesterol levels over the first 14 years of the study and mortality over the following 18 years. 11% overall and 14% CVD death rate increase per 1mg/dl per year drop in cholesterol levels.”

– Cholesterol and mortality. 30 years of follow-up from the Framingham study, by Anderson KM, et. al., JAMA, 1987, Apr 24;257(16):2176-80.

<https://www.ncbi.nlm.nih.gov/pubmed/3560398>

Higher LDL-c Improved Outcomes, Lowest LDL-C Highest Mortality

“Patients with the highest baseline LDL-c levels had significantly improved outcome, whereas those with the lowest LDL-c levels had the highest mortality.”

– A longitudinal 20 years of follow up showed a decrease in the survival of heart failure patients who maintained low LDL cholesterol levels, by Charach G, et. al., QJM, 2018 May 1;111(5):319-325.

<https://www.ncbi.nlm.nih.gov/pubmed/29733423>