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Subject: "If" You 'Follow The Science' You Would Not Give Statins To Most Ladies 65 or Older...
Date: November 30, 2023 at 6:02 AM
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"If" You 'Follow The Science' You Would Not Give Statins To Most Ladies 65 or Older...

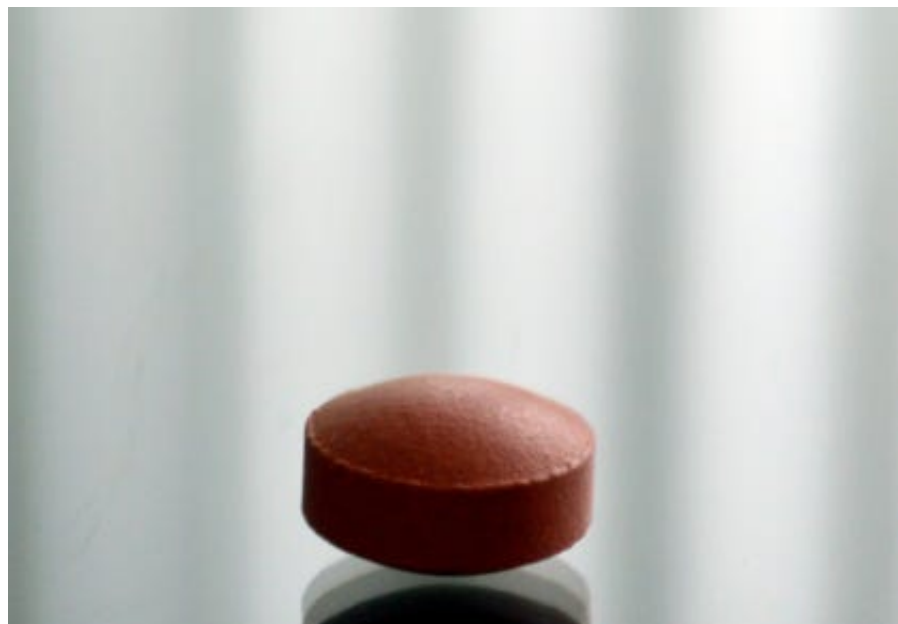
One WHI study I appreciate.

DEVAKI BERKSON

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So many shout, "Follow the science."

Yet, most female elders are recommended statins if their LDL and or total cholesterol levels rise. Even in their late 60's and onward.

One well done, in-depth study from the first WHI studied levels of LDL cholesterol (considered the BAD cholesterol) and how long ladies lived. In a very large group of aging American females. Meticulously tracked them over time to observe their lipid levels, if they went on to suffer from adverse heart events like stroke or heart attack, and quality of life (demonstrated in mobility and ease of moving through their day).

This study was, in fact, NOT for the faint of heart. Meaning, it was so detailed and scientific.

It started with 115,400 women on Medicare. Being studied by the first WHI. (This was a coordination of 40 prestigious institutions looking at how to keep American older women healthy, without toppling Medicare).

In 2010, 93,540 surviving participants were recruited into a 5-year extension study.

Participants in the extension studies provided annual information on health status, primarily by mailed questionnaires.

Lipids were assayed in a representative sub-cohort of WHI participants that included **27,940 participants**.

So this lipid study we are discussing had almost 30,000 patients tracked.

Their levels of lipids. Their health fate, including heart health, as well as longevity.

Only participants who had the potential to survive to their 90th birthday by

Only participants who had the potential to survive to their 90th birthday by August 31, 2016 (ie, those born before September 1, 1926) were included in the analytic study population (N = 4838)

Almost 5000 ladies who had never had a stroke, heart attack, or been on statins, were finally tracked, on track, to their 90th birthday.

Participants were grouped as those who survived to age 90 years (N = 2071), those who did not survive to age 90 years (N = 1379), and those who could not be classified due to loss to follow-up and thus had unknown status (N = 117).

The quality of their lives was tracked by their ability of comfortable and capable mobility.

Again, participants were first grouped into those who survived to age 90 vs those who died before age 90, and secondly, now, into those who survived with **intact mobility** (N = 534), those who survived to age 90 without intact mobility (N = 951), and those who died before age 90 (N = 1379).

All this was monitored along with lipid level.

This was a **prospective** (following healthy folks into the future) study tracking ultimately the 3567 postmenopausal women who qualified, ages 68 to 81 years at baseline, till they died.

Conclusion of the WHI authors: Ladies with the highest levels of BAD or LDL cholesterol had the greatest odds or chances of living to the age of 90, with intact mobility. Or a higher quality of life.

Higher HDL levels were associated with increased odds of surviving to age 90 with intact mobility. However, this association was not independent of other modifiable cardiovascular risk factors (blood pressure, BMI, physical activity, smoking, and alcohol consumption).

So the main takeaway was that the highest level of LDL predicted the

So the main takeaway was that the highest level of LDL predicted the best and longest life.

Conclusion by authors from their abstract) Neither higher HDL nor lower LDL levels predicted survival to age 90, but **higher LDL predicted healthy survival.**

These findings say the 40 WHI authors, suggest the **need for reevaluation of healthy LDL levels in older women.**

In other words, for re-evaluation of the standard of care of cholesterol management in aging women.

Keep in mind:

- Eyeballs are 60% cholesterol.
- Brain tissue is 60% cholesterol.

Lowering LDL levels in aging folks can sometimes compromise eyesight and cognition. Only makes sense.

When I had the honor to work at the Naples Center for Functional Medicine, we saw way too many patients who were aging, put on aggressive lipid-lowering statins, go on to experience worsening eye issues. Or worsening cognition.

Some high-risk middle-aged, especially male patients, may require aggressive lipid interventions.

But older women?

This is the largest most detailed human trial run by our NIH and 40 institutions, including Harvard.

This study clearly shows those with the HIGHEST levels of bad cholesterol, in their 60s, lived longer with less adverse heart events.

There has never been a more detailed study on lipid levels and quality of life in Medicare women.

Who knows about this study? I have not met one practitioner, in all my symposium travels, that knows about this study.

Follow the science? I guess perhaps not if it does not support the present standard-of-care pharmaceutical protocols!

Knowledge is power. If translated into the clinical trenches.

Dr. B.

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Reference:

Am Geriatr Soc 2020 Feb;68(2):288-296. doi: 10.1111/jgs.16306.

Associations between Serum Levels of Cholesterol and Survival to Age 90 in Postmenopausal Women

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