

Statin Contraindicated in Heart Failure

To the Editor:

The editorialists propose conditional statin use while ignoring the probable reason why rosuvastatin did not benefit heart failure patients in CORONA.¹ Despite 1487 deaths during the trial (30% of participants), there was no benefit in total mortality. Statins' failure to extend lives in older patients² may be because of the age-related "natural" reduction in ubiquinone (CoQ₁₀) compounded by the CoQ₁₀-lowering effect of statins that inhibit the reductase that makes mevalonate. It takes 6 mevalonate molecules to form cholesterol and 10 for the CoQ₁₀ molecule. Statins lower serum LDL cholesterol and CoQ₁₀, both by 51% in one study.³

Without CoQ₁₀, mitochondria cannot produce adenosine triphosphate, which provides the energy for muscle contraction. Canadian rosuvastatin (Crestor) ads list reduced CoQ₁₀ and "impaired cardiac function" in "borderline" heart failure. Indeed, CoQ₁₀ in randomized trials offered significant benefit in 3 important heart failure end points, all $P < .001$,⁴ and in functional capacity.⁵

Low cholesterol itself⁶ and statin-induced CoQ₁₀ reduction do not benefit heart failure patients, especially because the latter is akin to reducing the power for the pump that is the heart, yet expecting it to run better. Based on the foregoing, we conclude that statins are contraindicated in patients with borderline and full-blown heart failure.

Eddie Vos, MEng
Sutton, Québec, Canada
Luca Mascitelli, MD
Medical Service, Udine, Italy
Peter H. Langsjoen, MD, FACC
Tyler, Texas

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