

CORRECTION

Should Patients Continue to Receive Statins Once They Reach 80 Years of Age? The “Con” Side: Correction

In the “Con” side of the recent Point Counterpoint debate about use of statins in patients 80 years of age and older,¹ one of the values for number needed to treat (NNT), based on data in a previously published article,² was incorrect. In paragraph 3 of the section “Benefits and Likelihood of ‘Success’ May Be Exaggerated, While Harms Are Underestimated”, the NNT for secondary prevention of myocardial infarction with statins in older patients should be 38, not 83. The complete, corrected sentence reads as follows, with the corrected NNT shown in bold.

For secondary prevention with statins in older patients (mean age 69 years), the most optimistic assessment of the evidence

suggests an absolute risk reduction of 2.6% for myocardial infarction (**NNT 38**), 1.7% for stroke (NNT 58), and 3.8% for all-cause mortality (NNT 28) over 3.5 years.²

References

1. Tejani AM, O’Sullivan C. Should patients continue to receive statins once they reach 80 years of age? The “con” side. *Can J Hosp Pharm.* 2017;71(3):244-6.
2. Afilalo J, Duque G, Steele R, Jukema JW, de Craen AJ, Eisenberg MJ. Statins for secondary prevention in elderly patients a hierarchical Bayesian meta-analysis. *J Am Coll Cardiol.* 2008;51(1):37-45.