

## Cholesterol and Dementia

The relationship between total cholesterol (TC) and dementia may be more complex than just cause and affect<sup>(1, 2)</sup>. Many studies have shown high 'TC' as a risk factor for developing vascular dementia and Alzheimer's disease<sup>(3)</sup>. More recent longitudinal studies have shown the relationship between 'TC' and dementia is biphasic, with a switch from a positive correlation during mid-life to a negative correlation during late-life (those over 65 years).<sup>(1,4)</sup>

Whether a decrease in 'TC' in late life represents a risk for developing dementia or is a result of the disease process itself is unclear. Some studies suggest the decline in 'TC' during late-life is due to the catabolic nature of chronic disease so as dementia advances total cholesterol fall to levels that do not require treatment.

These findings have implications for the huge number of patients over 65 years taking a statin. Many patients may be doing so unnecessarily especially those with a low cardiovascular disease risk. Each patient's risk-benefit for taking statins could be reviewed with this evidence in mind.

There are multiple advantages in reducing the number of elderly patients taking statins unnecessarily. One, is that many medication ward rounds would be reduced allowing nurses to use their time on other aspects of care. As statins are given at night this can cause disruption to patients who may already be asleep. It would also reduce the morbidity and mortality associated with drug interactions and the financial cost of these prescriptions.

### References:

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