



# A message to REPRIEVE participants...

Now that REPRIEVE is ending, many of you are wondering whether or not you should start taking the statin medication that was tested in the trial: Are these cholesterol-lowering drugs right for you?

## A summary of the trial and its results:

1. REPRIEVE enrolled almost 8000 people living with HIV (PWH) worldwide who were between the ages of 40-75 years old, on stable ART (antiretroviral therapy), and had no known heart disease or other reason to be taking statins. The trial results apply to this group of people.
2. REPRIEVE found that use of a statin medication, pitavastatin, at a dose of 4 mg/day, reduced LDL ('bad') cholesterol by 30% and reduced the risk of heart-related diseases such as heart attack, stroke, peripheral vascular disease, and related illnesses by 35%.
3. As with all medications, there were some side effects experienced by REPRIEVE participants. These were small increases in diabetes and muscle-related symptoms. These side effects were not different in REPRIEVE participants from people without HIV but indicate the need to think carefully about statin treatment.
4. Importantly, REPRIEVE did not test the use of other medications or supplements to lower cholesterol or prevent heart attacks and strokes. The effectiveness of these other treatments in PWH is unknown.

## What are statin medications?

Statin are drugs that can lower your cholesterol. They work by blocking a substance your body needs to make cholesterol. Lowering cholesterol isn't the only benefit associated with statins; these medications have also been linked to a lower risk of heart disease and stroke. Fortunately, most statins are easy to take—just once a day, usually in the evening.

## Should I be on a statin?

Before results from REPRIEVE were known, the decision to take statin medications for PWH depended on cholesterol levels and other risk factors for heart and blood vessel (cardiovascular) disease. REPRIEVE has shown that statins may help prevent heart disease and stroke in PWH in the absence of high cholesterol or other heart disease risk factors. However, you and your clinician should still consider all of your risk factors, like age, smoking history, and family history, for heart attacks and strokes before initiating a statin.

Please note that a short interruption from your final REPRIEVE visit to starting a clinically indicated statin is very unlikely to be harmful.

## Which statin is right for me?

Pitavastatin was chosen for REPRIEVE because it has minimal interactions with ART and has been shown to lower cholesterol and improve inflammation markers in people with HIV. If pitavastatin is not available in your area, other statins that do not interact with ART may be a reasonable choice.





## Which statin is right for me? (continued)

REPRIEVE cannot provide medications to participants after the trial closes. However, a number of statins are available for use globally, and under different brand names. In the United States in addition to the drug used in REPRIEVE (pitavastatin (Livalo)), they include:

- Pitavastatin (Livalo)
- Atorvastatin (Lipitor)
- Pravastatin (Pravachol)
- Rosuvastatin (Crestor, Ezallor)

If pitavastatin is not available in your area, check with your clinician about the choice that is right for you.

## What other factors should be considered in deciding to start statins?

*Statin should be considered a lifelong commitment.*

Because the benefit of statins in REPRIEVE was greater than that expected for lowering LDL cholesterol alone and the treatment was given over a long duration in the trial, you should plan to take this medication over many years and continue even as your cholesterol improves.

*Statin have side effects.* Statins are tolerated well by most people, but they can have side effects. Generally, these were not significant in REPRIEVE but may include headaches, nausea and muscle and joint aches. A more serious side effect was a small increase in new diagnoses of diabetes as seen in other statin clinical trials, which can be an important consideration if you are diabetic or tend to have high blood sugar. This is an important conversation to have with your clinician as the benefit of taking a statin may outweigh that risk. People with diabetes who take statins have a much lower risk of heart attacks. If you decide to go ahead, your blood sugar (blood glucose) level should be checked when first taking a statin. Other serious side effects including serious muscle cell damage and liver damage were not seen in REPRIEVE.

*Other interactions.* You and your clinician should consider any possible interactions of the statin you use with any other prescription or over-the-counter drugs or supplements you take.

## Weighing the risks and benefits of statins for you:

When thinking about whether you should take statins, first ask yourself these questions:

- Do I have other risk factors for heart and blood vessel disease?
- Am I concerned about taking a pill every day, perhaps for the rest of my life?
- Am I concerned about statins' side effects or interactions with other drugs?

It's important to consider your medical reasons, personal values, lifestyle choices, and any concerns when choosing a treatment. Talk to your clinician about your total risk of heart and blood vessel disease and personal preferences before making a decision about statin therapy.

## Don't forget that a healthy lifestyle is still key for preventing heart disease:

Lifestyle changes are key for reducing your risk of heart disease, whether you take a statin or not. Data from REPRIEVE have shown that poor heart health is associated with more blockages in the heart arteries, and that heart healthy behaviors can be enhanced in PWH. To reduce your risk:

- Quit smoking and avoid secondhand smoke
- Eat a healthy diet rich in vegetables, fruits, fish and whole grains and low in saturated fat, trans fat, refined carbohydrates and salt
- Be physically active more often and sit less
- Maintain a healthy weight

