

Incidence of statin hepatotoxicity in patients with hepatitis C

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Statins are drugs generally well tolerated, with the significant exception of patients with chronic liver diseases, in which their use is not recommended. It is thought that they induce hepatotoxicity, although there is a lack of evidence data to support these recommendations. There are, on the other hand, some studies showing that, in patients with diabetes mellitus or with nonalcoholic fatty liver disease, statin use is not associated with an increased risk of liver-enzyme disorders.

Khorashadi and colleagues investigated the safety profile of statins administration in hyperlipidemic patients with hepatitis C. The 830 subjects, matched for body mass index, were divided into 3 cohorts as follows: 166 hepatitis C – positive and 332 hepatitis C – negative who received 1-year treatment with statins, and 332

hepatitis C – positive patients who did not receive statin treatment. Liver biochemistry was recorded within the year preceding statin therapy and one year after treatment.

The results showed that the statin receiving group had a higher incidence of mild-to-moderate increases in liver biochemistry values, but the non-treated group had the highest incidence of severe pathological values. Also, between hepatitis C – positive and negative patients, there were no significant differences concerning the statin therapy discontinuation rates or the increases in liver biochemistry values. The conclusion was that statin therapy is safe for use in hepatitis C patients with hyperlipidemia.

These results show that the treatment's benefits could be obtained even by a population considered to be at risk for adverse events.

Comment on the paper:

Khorashadi et al. – Incidence of statin hepatotoxicity in patients with hepatitis C. *Clin Gastroenterol Hepatol* 2006; 4:902-907