SPEAKER 1: Staten intolerance is a clinical diagnosis, not a biochemical one. And because of that, it's really hard. We have to think about it. We have to sometimes go with our best estimate about patients.

And it's a lot of imprecision. So clinicians have been hesitant to make the diagnosis or to make it in a lot of patients. The true incidence of statin intolerance, when it's rigidly defined, is 3%. But practically, it's about one out of five patients in our practice.

About one out of five patients I see on statins have some intolerance-- muscle aches, they have anxiety about the risks of diabetes or memory impairment. And I think those are really genuine fears. So I try to reassure them.

How do I diagnose statin intolerance, though? If I have someone who comes in and I say have you been on a statin? And I see you have a high cholesterol. You're not on a statin. Have you tried one in the past.

Well, I don't remember. And I'll say, well, have you taken Lipitor, or Crestor, or simvastatin? And they're, like, oh, yeah yeah. That's the medicine that caused my body, my muscles to really ache, and I got so weak.

And I say to them, would you like to try a different one, maybe? And most of them will say no. I was really weak, or I really hurt. I don't want to do that.

And so I accept that they are statin intolerant, and they're statin resistant. If I have someone who is willing to be re-challenged, I typically use only rosuvastatin. I use it 5 milligrams once a week.

And there are no data to really support this except anecdotal, but once a week. And if they start to tolerate it, then we go to twice a week and then three times a week. Rarely do we ever edge it up to 10 milligrams or more than three times a week.

It's got a very long half life. And it tends to lower lipids very well. And in those patients, I will be very quick now, with the cost reductions, to add a PCSK9 drug, which I think are ideal for those with statin intolerance. What I would really like to see is a trial testing PCSK9 against statin in that population to see if we can reduce outcomes and provide the same benefit.