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**Ken Baker Column**

**Are the risks of nutrient depletion by statins excessive?**

Maintenance of healthy heart, nerve, brain, liver, and skeletal muscles requires CoQ10. Deficiencies have reportedly given rise to congestive heart failure, weakening of the heart muscles, attention problems, delayed reflexes, cognitive decline and memory impairment. There is no serious debate, CoQ10 is absolutely essential to the conversion inside each cell of nutrients and oxygen to energy. Don't leave home without it.

Last week we reviewed how Walter, a reader of this column, avoided the statin drug, Lipitor, by letting food be his medicine. That, coupled with vigorous exercise, kept him drug free and enabled him to avoid the risks of CoQ10 depletion.

The average healthy body has stored approximately 2,000 mg of CoQ10. Each adult uses about 500 mg a day. The average diet provides 5 mg daily. Where does the rest come from? We make it ourselves.

Our body synthesizes CoQ10. If there is not enough, supplements can bring up the slack. Internal synthesis of CoQ10 takes place in the liver, peaking at about age 21-- and by 30, the rate begins to decline. The process is similar to how the liver manufactures cholesterol. When a statin reduces cholesterol production, it also restricts production of CoQ10.

Most of the 67 million people that orthodox medicine estimates are in need of lifelong statin therapy are over age 50. Many were at risk for CoQ10 deficiency even before they started on the drug. The statins increase the prospect of harm. Last summer, the "Archives of Neurology" published a study from Columbia University College of Physicians & Surgeons reporting patients on Lipitor for 30 days had a 50 percent fall in CoQ10 blood plasma levels.

The drug company studies claim the risk is low, between .5 and 2.3 percent, depending on dose. That is somewhere between 335,000 and 1,540,000 people experiencing adverse events. Given that the drug companies only select healthy people for their drug studies, it is highly unlikely any of them were taking other drugs known to deplete CoQ10. The risk of serious adverse effects is almost certainly grossly understated.

When assessing the risks of statins, the cumulative effect of all drugs prescribed for the patient must be the focus of attention. It rarely is.

Heart disease is an especially serious problem for patients with Type II diabetes. Common drugs for diabetics that deplete CoQ10 include Dymelor, Micronase and Tolinase. Another commonly prescribed diabetic drug, Glucophage, depletes not only CoQ10, but also vitamin B12, a second risk factor for heart disease.

The cumulative effect of these diabetic drugs recently became a matter for more concern. Last summer, in the "Annals of Internal Medicine," a prestigious journal with approximately 115,000 subscribers, it was recommended that virtually all diabetics over 45 be prescribed a lifetime regimen of statin drugs. Should we be surprised if diabetics' rates of heart disease grow ever greater?

People who are depressed may also be prescribed statins. Several drugs commonly prescribed for depression deplete CoQ10: Adapin, Aventyl, Elavil, Tofranil, Pamelor, Sinequan and Norpramin. Another reader, suffering from neuropathy, was prescribed Elavil and two other pain killers that deplete B12. Her doctor mentioned neither CoQ10 nor B12. Yet these nutritional deficiencies are risk factors for the very disease he was treating.

Patients that are claimed to be at high risk because of elevated cholesterol may also be taking other drugs targeting cardiovascular disease. The following heart disease drugs may provide benefits, but they may also have adverse effects on heart health. When combined with statins, the total CoQ10 depletion could shift the balance from a net benefit to an unacceptable risk. Those drugs include: Corgard, Inderal, Lopressor, Betapac, Tenormin, Sectral, Biocardren, Aldomet, Catapres and Apresoline.

Orthodox medicine seems to have turned a blind eye to risks brought on by nutrient depletion. Drug companies do not test for or report on its consequences. The National Institutes of Health appears to be doing little. The FDA is oblivious. It has been petitioned twice to require a CoQ10 depletion warning for statins. So far, nothing.

Of the near-dozen statin takers who wrote in response to last week's column, only one reported being advised to supplement with CoQ10. More broadly, last summer's Clinical Practice Guidelines for diabetics from the American College of Physicians make no mention of CoQ10 supplements.

What to do? When prescribed a drug, always ask your doctor if it depletes any nutrients and, if so, what are the long term consequences. Certainly, if prescribed a statin, ask, "Is CoQ10 right for me?"

If you draw a blank with the doctor, try your pharmacist.

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