

Declining Lipitor Sales Prompt Revision of Cholesterol Guidelines Yet Again

CHICAGO, IL - In response to an unexpected 3 percent reduction in both Lipitor and Crestor sales, the American Cardiac Association (ACA) and American College of Cardiology Heart Physicians (ACCHP) have established the 4th Qualitative Evaluation Task Force to modify the Guidelines for Prescription of Statins.

The QE4 Task Force consists of 15 academic thought leaders. Their expertise is substantiated by the large number of statin-focused lectures given by Task Force members at dinner meetings.

Maximum acceptable LDL cholesterol has come down from 240 to 210 to 160 in previous consecutive QE guidelines. The QE4 Task Force concluded that there was no good evidence to support any of these cutoff values they had previously dictated. So the new QE4 Guidelines consider any detectable LDL to be unacceptable.

One of the QE Task Force members who asked to remain nameless said, "Our new guidelines recommend that prescription of Lipitor and Crestor be determined based on the overall need to support the bottom lines of the pharmaceutical companies that pay our speaker fees. All the data that we chose to pay attention to support the argument that *everybody* should be prescribed statins, specifically statins that are still on-patent."

We caught up with one member of the QE4 Task Force before a dinner talk he gave to 2 retired physicians and 12 clerical staff hastily-rounded up to try to fill the seating at a posh restaurant in Miami. Dr. Pavel Nimajahubi is an Associate Professor of Medicine and a Paid Expert from Out of Town. He recited large amounts of evidence-based groupthink about statins and cholesterol that effectively convinced himself of everything he was repeatedly saying.

The \$2500 honorarium for Dr. Nimajahubi's talk is considered standard of care in the field and is presumed to not influence Task Force recommendations. The chairman of the QE4 Task Force confirmed, "Oh, those speakers fees are nothing

compared to the millions of research dollars provided to our laboratories by the manufacturers of these drugs. We are very concerned about conflict of interest, and therefore have banned from our meetings any branded sticky notes or pharmaceutical logos on [pens](#).”

Dr. Jonathan Dutard, head of the Center for Obamacare, Medicare, Medicaid and National Diseases (COMMAND) was quoted as saying, “Sure it will cost us a lot more money to pay for all these statins. But the pharmaceutical companies need that money. And the money spent will count as GDP growth, proving that the economy is getting better.”

AstraZeneca, the manufacturer of Crestor—the patent for which was scheduled to expire in 2016—released a statement applauding the extension of statin patent protection by an additional 9 years. “We are of course hoping that Congress will do more. Government-mandated statin consumption by every American is really the only socially just course of action in the 21st century.”

The new guidelines support the prescription of statins for 90% of the 320 million Americans considered at risk for heart disease and other causes of death. However, concerned physicians note that the prescription and ingestion of statins so far remains voluntary.

In related news, the QE4 Task Force is expected to recommend that the president use the military to close the leaky Canadian-USA pharmaceutical border. According to the Task Force proceedings, “We cannot afford any further erosion of high margin sales of Lipitor and Crestor. We have to stop the competition from these affordable black market generic statins arriving from India through Canada. Failure to do so could be catastrophic.”

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