What is already known on this topic

Over 60 000 hip fractures occur every year in the UK

There is conflicting evidence from fairly small studies for the association between delay in operation and mortality, though Royal College of Physicians' guidelines recommend that patients be operated on within 24 hours of admission

Operation may be delayed to stabilise concomitant medical conditions

What this study adds

In England, 40% of procedures were performed more than one day after admission

Proportions of patients waiting for more than one day or more than two days for their operation varies widely between trusts

Delay is associated with increased mortality: the association still exists but is reduced after adjustment for confounders

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DRUG POINTS

Atorvastatin may cause nightmares

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Atorvastatin (Lipitor; Pfizer, Walton-on-the-Hill) is a 3-hydroxy-3-methylglutaryl coenzyme A (HMG-CoA) reductase inhibitor, prescribed for the treatment of hypercholesterolaemia in many patients worldwide. This case report relates atorvastatin to the occurrence of nightmares.

A 72 year old woman with a history of longstanding hypertension, treated hypothyroidism, heart failure, and chronic renal failure started taking 10 mg atorvastatin once a day because of hypercholesterolaemia. Concurrent drugs were 75 µg levothyroxine once a day, 5 mg amlodipine once a day, 100 mg atenolol once a day, and 50 mg losartan once a day. Five days after starting atorvastatin, she had extreme nightmares each night for two and a half weeks. Because of a presumed connection with her recently started statin, I discontinued this treatment for five days. No nightmares occurred. Although reluctant for a rechallenge, she agreed to take the atorvastatin again, which promptly resulted in nightmares; these dreams disappeared after discontinuation.

Several studies have looked at sleep disturbance or abnormal dreams related to HMG-CoA reductase inhibitors. The phenomena seem comparable within several groups of statins with different lipophilic properties and compared with placebo.[1] These studies found side effects only between groups of patients treated with different statins or placebo, without rechallenges to relate these events to the use of these drugs.

A possible relation between nightmares and statins has previously been reported with the use of simvastatin and metoprolol.[2] To my knowledge, no recounts of nightmares with the use of atorvastatin have been reported to Pfizer or have been published.

The nightmares could be a direct effect of atorvastatin on the central nervous system. But the mechanism may be pharmacokinetic (CYP3A4) or a pharmacodynamic interaction.

Although it seems that nightmares are an occasional adverse effect of statins, this is relevant for the patient and should be recognised by the treating doctor since it is easily corrected by stopping statins.

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