Use of Fibrates to Lower Cholesterol May Affect Kidney Function Among Elderly

Elderly people taking fibrates to control their cholesterol face an increased risk for hospitalization for an elevated serum creatinine.

What does this mean?

- Fibrates and ezetimibe are drugs used to treat high cholesterol.
- Compared to ezetimibe users, fibrate users are more likely to be hospitalized for an increase in serum creatinine levels and to see a nephrologist.
- Having chronic kidney disease is associated with an increased likelihood of experiencing these outcomes.

What should you do?

- Talk to your doctor about the possible side effects of taking fibrates to treat high cholesterol.
- Do not stop taking these drugs on your own.

How do we know this?

These results were drawn from a population-based study in which the ODPRN examined Ontario residents aged 66 years and older who were prescribed fibrates or ezetimibe for the first time between 2004 and 2008, and who were not suffering from end-stage kidney disease. Ezetimibe was used as a control as it is also used to treat cholesterol but is known not to change kidney function. The health records of patients who began taking fibrates (19,072) and ezetimibe (61,831) were tracked in linked health databases for 90 days to determine health outcomes related to kidney function and care. Statistical analyses comparing the two groups of patients were conducted to determine differences in health outcomes between the populations. New users of fibrates were 2.4 times more likely to be hospitalized within 90 days for increased creatinine levels in their blood (an indicator of impaired kidney function) than people who are taking ezetimibe, and 30 times more likely to experience a 50% increase in creatinine levels than new users of ezetimibe over a period of 90 days. New users of fibrates with chronic kidney disease had a 3.4 times higher risk of being hospitalized than new users of fibrates who do not have chronic kidney disease over a period of 90 days.


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