

Additional file 1: Criteria of primary and secondary cardiovascular prevention

Patients were considered in primary cardiovascular prevention if they did not have any of the following criteria defining secondary prevention:

- Myocardial infarction (STEMI, NSTEMI)
- Ischemic stroke
- Transient ischemic attack
- Carotid revascularization (endarterectomy or stenting)
- Peripheral artery disease requiring revascularization (bypass or stenting, Fontaine IV)
- Unstable angina pectoris defined by typical retrosternal pain at rest, crescendo, or new-onset angina pectoris
- Stable angina pectoris with myocardial ischemia documented with a stress electrocardiogram, or with a documented coronary stenosis > 50%
- Percutaneous coronary intervention (angioplasty or stenting), or aortocoronary bypass
- Aortic pathologies requiring an intervention or aortic aneurysm with a diameter > 5.5 cm for men and > 5.2 cm for women
- Familial hypercholesterolemia with a Dutch Lipid Score ≥ 6 points

Additional file 2: Survey questions

Statin use

Likert-Scale questions:

Completely agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Don't know <input type="checkbox"/>	disagree <input type="checkbox"/>	Completely disagree <input type="checkbox"/>
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1. I understand why I was prescribed a statin
2. Overall, I am satisfied with the statin.
3. Taking the statin is inconvenient.
4. I think that I am experiencing side effects of the statin I am taking.
5. I am concerned about these side effects.
6. I have heard negative information regarding statins.

Open-ended questions:

7. What else can you say about the reason why you are taking the statin (e.g., the reason your doctor gave you when they prescribed the statin, etc.)?
8. If you have side effects from the statin, you can say more about them here (e.g., what kind of side effects, impact on daily life, etc.)?
9. What information have you heard about statins?

Statin necessity and willingness to (dis)continue

Completely agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Don't know <input type="checkbox"/>	disagree <input type="checkbox"/>	Completely disagree <input type="checkbox"/>
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10. I feel that I no longer need the statin.
11. I would like to try stopping the statin to see how I feel without it.
12. I would be reluctant to stop the statin.
13. I have tried stopping the statin before.
14. I have had a bad experience when stopping the statin.
15. I think that the statin will reduce my risk of developing a cardiovascular disease.
16. I would fear experiencing a cardiovascular event (e.g., heart attack or stroke) if I stopped the statin.

17. If I stopped the statin, I would be worried about missing out on future benefits.
18. The money I spend for the statin may influence my willingness to continue or stop it.

Open-ended question:

19. What else would you worry about if you stopped the statin?

Decision-making about statin (dis)continuation

Completely agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Don't know <input type="checkbox"/>	disagree <input type="checkbox"/>	Completely disagree <input type="checkbox"/>
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20. I will continue taking the statin for as long as my physician tells me I need to.
21. I trust my physician to tell me if I should stop taking the statin.
22. If my physician said it was possible, I would be willing to stop the statin.
23. I have discussed stopping the statin with my physician.
24. If my physician recommended stopping the statin, I would feel that they were giving up on me.
25. If my physician said I could choose to continue or stop the statin, I would make the decision alone.
26. If my physician said I could continue or stop the statin, I would want them to take the decision.
27. If my physician said I could continue or stop the statin, I would want the advice of a family member/a friend before making the decision.

Additional file 3: Focus group guide (based on Crutzen et al.¹)

Engagement question

Question: People take statins for different reasons. What is the reason your doctor gave for you to explain why you should take a statin?

- What would you have wanted to know in addition?

Exploration questions

Question: If your doctor said you could choose to continue or stop your statin, what would help you make a choice?

- Which consideration is the most important?
- Information from the doctor (advantages vs disadvantages)
- Previous experience (yourself or people you know) with stopping statin (good/bad, successful/unsuccessful, why?)
- Would you want somebody to be involved, to give advice? (Who? Why? And how?)

Question: Let's say you had a visit with your doctor and your doctor said you could stop your statin, how would you go about that?

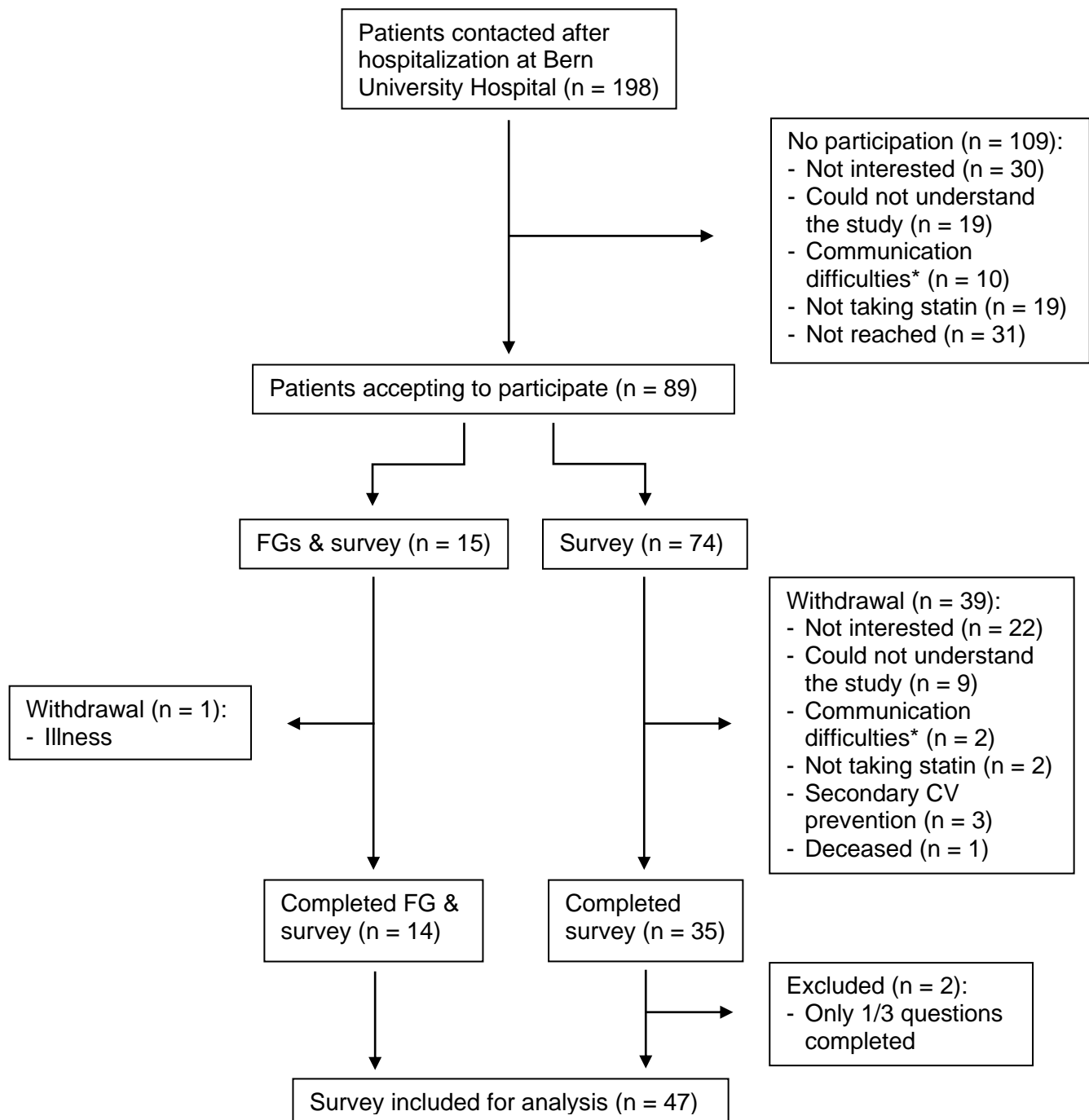
- If answer is "I would do it if the doctor says it's okay", ask if there is something else they would do
- Would you want somebody to be involved, to give advice? (Who? Why? And how? (e.g. regular reassessment of CV risk from doctor))
- Would you want to be involved in the decision? (Why/why not?)

Exit question

Question: Are there any other factors that are important to you regarding stopping or reducing statins?

¹ Crutzen S, Baas G, Abou J, van den Born-Bondt T, Hugtenburg JG, Bouvy ML, et al. Barriers and Enablers of Older Patients to Deprescribing of Cardiometabolic Medication: A Focus Group Study. *Frontiers in pharmacology*. 2020;11:1268.

Additional file 4: Patient recruitment process and reasons for withdrawal












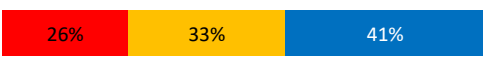
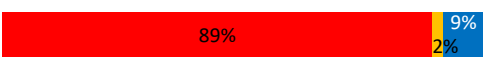



Abbreviations: CV: cardiovascular; FGs: focus groups


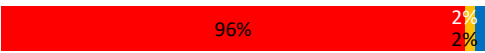








*Communication difficulties: either because of dementia or language barrier

Additional file 5: Participant sociodemographic characteristics

	Patients (n=47)
Age in years, median (range)	73 (65-85)
Female, N (%)	16 (34)
Number of diseases, N (%)	
1-4	33 (70)
5-10	14 (30)
Number of years of statin use, N (%)	
1-4	18 (38)
5-9	9 (19)
≥ 10	15 (32)
Unknown	5 (11)
Number of chronic medications, N (%)	
1-4	13 (28)
5-9	26 (55)
≥ 10	8 (17)

Additional file 6: Survey results

	Question item	Percentages of (dis)agreement	CI's
			
Statin use	I have a good understanding of the reasons I was prescribed a statin.		1-16 3-21 73-94
	Overall, I am satisfied with my statin.		2-18 14-40 53-80
	Taking the statin is inconvenient.		71-90 3-21 5-26
	I believe that I am experiencing side effects of the statin I am taking.		38-67 18-44 8-30
	I am concerned about these side effects.		53-80 3-21 12-37
	I have heard negative information regarding statins.		51-78 4-23 13-37
Statin necessity and willingness to (dis)continue	I feel that I no longer need my statin.		40-69 25-53 2-18
	I would like to try stopping my statin to see how I feel without it.		31-60 20-47 11-36
	I would be reluctant to stop my statin.		15-41 20-47 27-56
	I have tried stopping the statin before.		75-95 0-14 3-21
	I have had a bad experience when stopping the statin before.		66-89 5-26 2-18
	I think that the statin will reduce my risk of developing a cardiovascular disease.		2-18 5-26 66-90
	I would fear experiencing a cardiovascular event (e.g. heart attack or stroke) if I stopped the statin.		25-53 10-33 29-57

	If my statin was stopped, I would be worried about missing out on future benefits.		21-49 18-44 23-51
	The money I spend for the statin may influence my willingness to continue or stop it.		84-99 0-14 0-14
Decision-making about statin (dis)continuation	I will continue taking the statin for as long as my physician tells me I need to.		0-14 1-16 81-98
	I trust my physician to tell me if I should stop taking the statin.		0-14 85-99
	If my physician said it was possible, I would be willing to stop my statin.		1-16 5-16 69-91
	I have discussed stopping the statin with my physician.		55-81 18-44
	If my physician recommended stopping the statin, I would feel that they were giving up on me.		84-99 0-14 0-14
	If my physician said I could continue or stop the statin, I would make the decision alone.		37-66 10-34 16-43
	If my physician said I could continue or stop the statin, I would want them to make the decision.		8-30 5-26 55-81
	If my physician said I could continue or stop the statin, I would want the advice of a family member/a friend before making the decision.		48-76 4-23 14-40

Abbreviations: CIs: 95% confidence interval

Legend: Percentage of (dis)agreement showing complete disagreement and disagreement combined (in red), “don’t know” (in orange), and agreement and complete agreement combined (in blue). Ninety-five percent confidence intervals are presented for each percentage of (dis)agreement