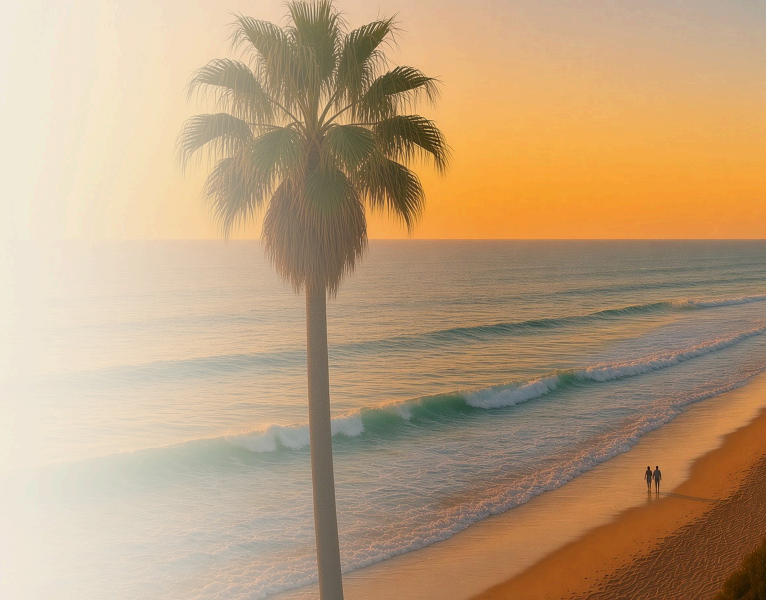
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PATIENT HANDOUT · STATINS

Statins and Muscle Pain

The pain is real, and the cause is worth sorting out before you stop. How to tell, and what to do if it's the statin.

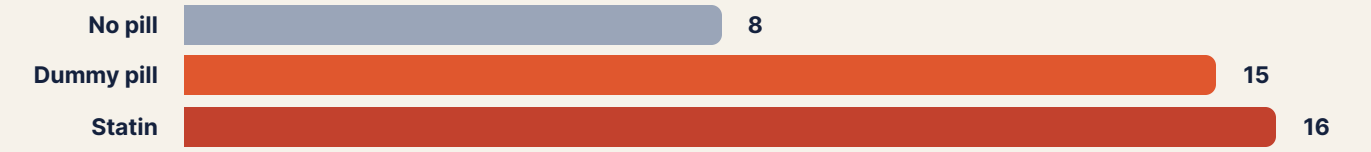
1 in 4
roughly, of people starting a statin report muscle pain

2–4 wks
off the statin is the first step in testing whether it's the cause

3×/wk
small rosuvastatin doses are often tolerated when daily ones weren't

WHAT A CAREFUL STUDY FOUND

Symptoms were nearly the same on the statin and a dummy pill



Average daily symptom score on a 0 to 100 scale, in a trial where people who had quit statins over side effects rotated month by month through the statin, a dummy pill and no pill, in random order.

Symptoms on the statin and on the identical-looking dummy pill were nearly the same, and both ran higher than the months with no pill. The symptoms were real, but for most people the pill itself wasn't the cause. A minority do react to the statin, and that reaction is worth taking seriously.

WHEN IT REALLY IS THE STATIN

The pattern of true statin muscle pain

Starts early
It tends to start within weeks of starting the statin or of a dose increase.

Large muscles, both sides
Usually shoulders, hips and thighs, on both sides equally.

Weak as well as sore
Stairs, getting out of a chair or lifting groceries feel harder, and rest doesn't ease it the way it eases a workout ache. If weakness makes daily tasks harder, call the same day.

Goes away off it, returns on it
Stopping clears it within days to a couple of weeks, and restarting the same statin brings it back.

Don't stop on your own

Stopping without a replacement plan lets cholesterol drift back up and plaque build. If the statin really doesn't agree with you, that's a solvable problem, and your doctor can run the test on the back with you.

FINDING A PLAN THAT WORKS

Test it, then fix it

1 With your doctor, stop for two to four weeks
If the pain clears, that's a hint, not proof, that the statin played a part. If it doesn't change, the statin almost certainly wasn't the cause.

2 If it cleared, restart the same statin
Use the same dose. Pain that returns just as strong points to a real reaction. Pain that stays away or returns much milder means a weaker link.

3 Switch, or lower the dose
Pravastatin and rosuvastatin tend to cause fewer muscle complaints than simvastatin or atorvastatin. A small dose of rosuvastatin three times a week is often tolerated and still lowers cholesterol.

4 Move to a non-statin
If no statin works, the cholesterol still needs to come down, and there are good options.

OTHER CHOLESTEROL MEDICINES

Ezetimibe	An inexpensive daily pill that blocks cholesterol absorption. Added to a low-dose statin, the pair lowers cholesterol about as much as a higher statin dose.
Bempedoic acid	A pill that is barely active in muscle, so it rarely causes statin-type aches. It lowered heart attacks and strokes in people who couldn't take statins.
Injections	Repatha or Praluent every two weeks, or Leqvio twice a year, lower cholesterol strongly. They usually come after pills, and insurance approval is often needed first.

SUPPLEMENTS

CoQ10	Generally safe, but most trials found it doesn't help statin muscle pain.
Red yeast rice	It contains a chemical nearly identical to a statin, with no quality control. A low-dose, regulated statin is the better choice.

GET HELP

Go to the emergency room	Severe muscle pain with dark, tea-colored urine, or weakness getting worse over hours. These can be signs of rhabdomyolysis, a fast breakdown of muscle that can damage the kidneys.
Call your doctor the same day	New weakness that makes daily tasks harder, pain getting worse over a few days, or pain that started right after a dose increase.
Pain that doesn't fade after stopping	If it hasn't improved within a month, ask about a blood test for a rare immune reaction.

CHOLESTEROL LOOKS GREAT NOW?

In most cases, keep taking the statin. The number is good because the medication is working, and stopping lets the cholesterol drift back up. The protection builds over years of steady use.

READ THE FULL ARTICLE

damianrasch.com/
statins-muscle-pain-myalgia-myth

For education only, and not a substitute for advice from your own physician. Sources include Wood et al. (NEJM 2020) and Howard et al. (JACC 2021) on the statin, dummy pill and no-pill crossover study, Nissen et al. (NEJM 2023) on bempedoic acid, and the 2019 AHA scientific statement on statin safety.

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