Based on a pathway developed by: UCLPartners

Statin Related Muscle Symptoms Pathway

NHS

Muscle Symptoms - pain, tenderness, weakness

Measure CK

Exclude other possible causes e.g. ethnicity, rigorous exercise, physiological, infection, recent trauma, new or worsening peripheral arterial disease, drug or alcohol addiction. Stop statin if intolerable symptoms, or clinical concern

CK > 50 x ULN

Consider rhabdomyolysis. Stop statin and seek specialist advice urgently

Seek specialist advice if CK not normalised

CK >10-50 ULN

Check renal function

Renal function deteriorating?

Yes

No

CK 5-10 ULN

Discuss with patient. Continue statin and review at 2 weeks. Consider lower dose or alternative statin

CK < 5 x ULN

Reassure patients that symptoms are unlikely to be due to statin and explore other possible causes

Intolerable symptoms

Stop statin for 4-6 weeks.
2 weeks after symptoms resolved and CK normalised,
restart statin at lower dose
(Consider low dose rosuvastatin if previously on atorvastatin)

Titrate to higher dose if tolerated.

If recurrence of symptoms - Consider ezetimibe (SPC) +/- bempedoic acid ▼ (SPC), Inclisiran (SPC) or PCSK9i (mAB) in line with eligibility criteria