

LSC Statin Intolerance Pathway

Statin Intolerance Pathway

Non-muscle related symptoms: May vary between different statins. In clinical trials some side effects often associated with statins are not statistically different from placebo. Most commonly reported: GI disturbance and asymptomatic increases in LFTs (ALT or AST)

Muscle-related symptoms
(pain/weakness)

Check history* to establish relation of statin to symptoms and measure CK

Management: If symptoms appear statin related, consider de-challenge and re-challenge or change to a different statin (e.g. hydrophilic instead of lipophilic)

Only stop statin if LFTs >3x ULN

Non-statin related and normal CK

Consider other causes e.g. PMR, Vit D deficiency. Check bone profile, Vit D, CRP

Statin-related

Tolerable symptoms + CK <4x ULN, continue statin

Intolerable symptoms and/or clinical concern and/or CK > 4x and < 10x ULN; **Myopathy**

CK > 50x ULN

CK > 10x and < 50x ULN, refer to local lipid clinic; **Severe Myopathy**

Rhabdomyolysis
Stop statin indefinitely, refer urgently as an inpatient

*Symmetrical pain and/or weakness in large proximal muscle groups, worsened by exercise

Statin-based approach:

- Apply a repetitive “De-Challenge” - “Re-Challenge” approach to establish if symptoms are caused by a statin(s).
- Switch to rosuvastatin or re-challenge with lower dose of atorvastatin. Use pravastatin low dose if both fail. Low dose statin is better than no statin.
- If remains intolerant or not reaching targets, choice of 2nd line therapy depends on whether primary or secondary prevention patient. Refer to LSCMMG guidelines.

CK normalised, symptoms resolved; **Statin based approaches**

Normal; Stop statin 4-6 weeks

Check renal functions

Abnormal