



Point Prevalence of Statin-Induced Myopathy among Adult Statins Users in Nairyah General Hospital, Saudi Arabia: Cross-sectional Study

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INTRODUCTION

Statins are HMG-CoA reductase inhibitors can cause severe muscle problems. Limited investigations and controversy about the rate of muscle pain associated with different statins exist in the literature.

OBJECTIVES

To assess and compare the one-point prevalence of reported myopathy after using simvastatin, atorvastatin, and rosuvastatin in adult hypercholesterolemia patients.

METHODS

The design: a comparative cross-sectional study

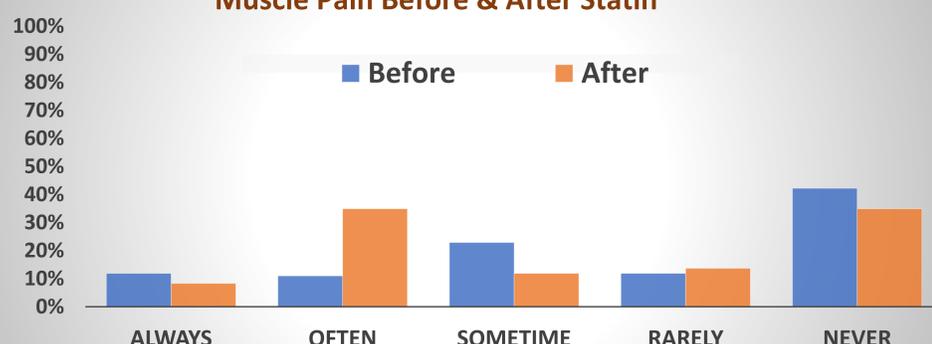
Using a researcher administered structured survey interview

Recruited hypercholesterolemia adults patients on statins who visited the internal medicine ambulatory clinics in Al Nuayriah General Hospital

RESULTS

- One hundred and nine patients met inclusion criteria, and 37% (n=40) of them were prescribed atorvastatin.
- The baseline demographic characteristics did not differ significantly between the treatment groups; atorvastatin (Ator.) and Ros-Sim (Rosuvastatin or Simvastatin).
- The point prevalence of SIM with our study participants was **65%** (75); **56%** (75) reported recurrent, persistent muscle pain, and **90%** of them needed to take analgesics frequently.
- The mean pain intensity was **3.7** (SD 2.66), the mean number of prescribed concomitant medications known to increase the risk of statin-associated myopathy was 2.2 (1.92).
- **Sixty-seven percent** (n=27) of patients developed statin-associated myopathy after using atorvastatin.
- Statins groups were not statistically significantly different in pain after adjusting for potential confounders age, gender, number of medications, number of comorbidities (59% Ator. vs. 88% Ros-Sim, p=0.460).

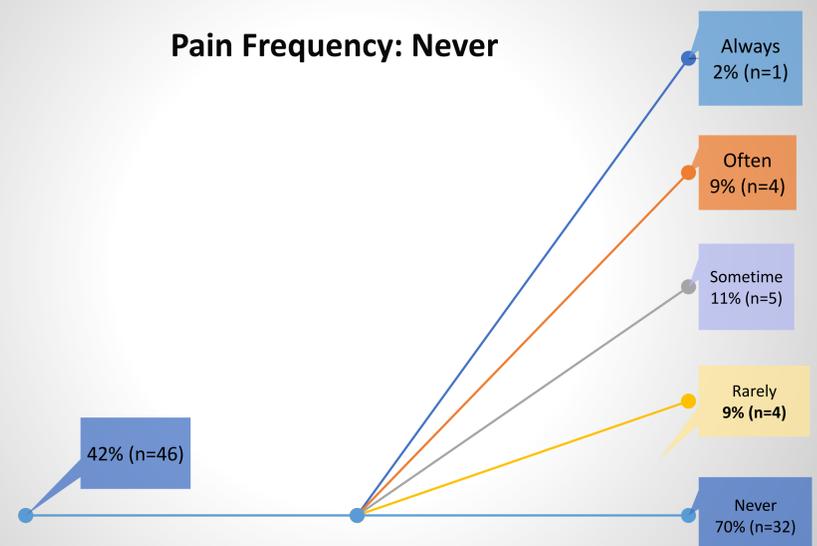
Muscle Pain Before & After Statin



DISCUSSION

- The rate of statin-induced myopathy and the rate of analgesic need among adult statins users were high.
- Although there is no significant difference in muscle pain between the different statins groups, our findings highlight the magnitude of statin-associated myopathy in practice and support the need for more effective strategies to address the side effects of statin therapy.

Pain Frequency: Never



	Chi-Square	P-value	OD	95% CI
Age	0.007	0.934	0.998	(0.959- 1.039)
Gender	3.974	0.046	0.423	(0.181- 0.986)
Atorvastatin	0.39	0.532	0.755	(0.312- 1.826)
No. of Comorbidity	1.449	0.229	0.752	(0.473-1.196)
Number of medications	1.658	0.198	1.196	(0.911-1.57)

REFERENCES

