Statins Probably Aren’t Causing Your Muscle Pain. Here’s What Cardiologists Say to Do

6 MIN READ

JUN. 9, 2026

BY GREG PRESTO

These hyper-popular medications crush LDL cholesterol, but can also be a pain in the butt (or shoulder or hamstring). Don’t stop taking them. Do this instead.

Right now, over **92 million Americans take statins**, making them some of the most common medications in the US. But prescription and adherence are two different things. About **4 in 10 people** who start later quit.

Some stop the meds because of a general mistrust of long-term medications, or fear of potential side effects. But the majority say they’ve stopped because taking a statin makes them feel beat up: their **muscles** ache, feel weak, or are sore. In rare cases, they may feel sharp pain. In ***extremely* rare cases**, they may even suffer from rhabdomyolysis, the deadly muscle-breakdown syndrome that has occasionally been linked to ultra-intense exercise.

A normal level of soreness, though, is mild to moderate — a tick above the usual, says Sirisha Vadali, MD, program director of the cardiometabolic program at HonorHealth. The soreness, known as **statin-associated muscle symptoms** (SAMS), usually happens symmetrically in bigger muscles, like the glutes, quadriceps, hamstrings, and upper arms.

Just **10-25 percent** of statin-takers report SAMS as a side effect, but it’s got an outsized impact on quitting. **Sixty percent** of adults who quit a statin say it’s because of muscle pain.

This checks out with my own informal data-gathering. Before I started taking a long-overdue statin, I spoke with friends and family who have been taking these

cholesterol-lowering medications for years. Most said they felt more banged up after workouts, more sore the next morning, or saw their gym performance suffer a bit.

It's one of the reasons I avoided taking them for so long; I leaned on a clean calcium score that said I didn't have any plaque, so my higher cholesterol "didn't matter."

At age 43, my cardiologist disagreed, at which point I started the drug. Yes, my muscle soreness has increased. And no, it's not all in my head — something that's more common than you might think. But I also **don't want to die of a heart attack**, so I plan to keep taking my meds. To find out what I can do about it — how I can take statins and still stay active — I spoke to a bevy of cardiologists who navigate this very question daily.

Here, you'll hear from:

- **Sirisha Vadali, MD**, program director of the cardiometabolic program at HonorHealth
- **Nieca Goldberg, MD**, a cardiologist and Clinical Associate Professor at NYU Grossman School of Medicine
- **Matthew Tomey, MD**, a cardiologist at Mount Sinai Fuster Heart Hospital in New York
- **Sam Setarah, MD**, director of cardiology and cardiovascular performance at Beverly Hills Cardiovascular and Longevity Institute

ADVERTISEMENT

The Mystery of Statin-Related Soreness

First, the good news: Statins work. These drugs lower harmful low-density lipoprotein (LDL) cholesterol levels by **as much as 61 percent**, depending on the statin type and dose. They reduce the progression, and in some cases, **reverse atherosclerosis**, or hardening of the arteries due to a build up of plaques.

THE MINDSET

Stay Up to Date

Get the latest articles in our flagship newsletter, delivered weekly.

SUBSCRIBE

There are three ways that statins reduce the risk that these plaques will break off and cause clots: they harden them, decrease their size, and reduce inflammation. As a result, statins can reduce the risk of a heart attack by **25 percent or more** in people at high risk for cardiovascular disease.

One of the main ways statins accomplish all their LDL-lowering feats is byinterfering with a liver enzyme called **HMG-CoA reductase**. This enzyme has two key effects on LDL cholesterol, says Dr. Tomey. First, it helps ensure that less LDL is produced in the liver. As a secondary, downstream effect, it also compensates for these depleted liver stores by then pulling LDL out of the bloodstream into the liver, clearing it from circulation.

“Liver cells really like their cholesterol because they need it to do a lot of their functions. Our liver cells are programmed to maintain sufficient levels of cholesterol,”

Dr. Tomey explains. “If you relatively deprive a liver cell of cholesterol it would normally be synthesizing on its own, the liver needs to go get that cholesterol from someplace else. So it mobilizes more receptors for LDL into the circulation, and pulls more LDL out of the bloodstream.”

These mechanisms can reduce LDL by 30-50 percent. But neither those effects, nor the liver itself, are what causes the soreness of SAMS.

“The honest answer is that we still do not fully understand the mechanism,” Dr. Setarah tells Super Age. That said, scientists have several theories, he explains:

- The inhibition of HMG-CoA reductase also reduces the synthesis of downstream molecules involved in muscle function. These include **coenzyme Q10 (CoQ10)**, which plays an important role in cellular energy production in mitochondria.
- In **a recent study**, scientists found that statins can cause calcium ions to leak in muscle cells, leading to soreness. But this is only in certain people, and the study authors say it doesn’t explain all soreness across the board.
- Genetic factors, particularly **a gene called SLCO1B1**, can increase susceptibility to SAMS by raising the concentration of statins inside muscle cells.

This may disappoint anyone looking for a silver bullet solution. “Despite decades of research, no single mechanism fully explains all cases of statin-associated muscle symptoms, and the precise cause likely differs among patients,” says Dr. Setarah.

Why Soreness May Not Be Your Statin at All

Perception may also play a role. When you expect SAMS, you get it, says Dr. Goldberg.

“Studies show that people who take statins who have negative feelings about them, who start out thinking they’re going to get muscle aches — they develop muscle

aches," she says. "It's maybe not due to the statins. It's called a 'nocebo' effect."

In a **2022 study** published in the *Lancet* that looked at numerous statin trials conducted with more than 150,000 people, scientists found that when people were given a placebo, they were just as likely to report muscle soreness as a side effect as people who were actually taking the statin. In 90 percent of people who reported these symptoms, the statins were not the cause of the muscle pain.

That doesn't mean the muscle pain wasn't real for most of these people, stress Goldberg and the other cardiologists I spoke with. It may be that the expectation of soreness amplified how aware patients became of their existing symptoms. It might be that something else caused the soreness: for instance, a Vitamin D deficiency or an issue with thyroid function, Goldberg says, both of which your doctor can check with a blood test.

"You can also ask your doctor to check something called your creatine kinase (CK) level," says Dr. Vadali. **Elevated levels of CK**, a skeletal muscle enzyme, are associated with muscle breakdown or damage. "A little bit of elevation in CK level is not grounds to discontinue [the statin], but it's a good sign that maybe it's impacting us more than we're understanding."

Dr. Vadali says you can also rule out the statin as the culprit in your soreness if it's only happening on one side of your body. SAMS side effects are usually symmetrical, she notes, so if your left leg's extra sore but your right leg's OK, it's likely not due to your statin.

In practice, Dr. Tomey says, 1 in 15 patients will experience muscle soreness directly attributed to their statin. For higher doses, it's closer to 1 in 10.

Your Doctor Is Your Greatest Asset

If you've had your CK tested, know your Vitamin D levels are solid and your thyroid is functioning well, but you're *still* sore, you don't have to choose between raising your heart attack risk by quitting your statin and walking around with sore hamstrings.

Since statins reduce the amount of CoQ10 in your body, some people try supplements. **Studies** on alleviating SAMS with CoQ10 supplements have been mixed. They may not work, but they're also unlikely to do you harm, Dr. Vadali says. "It does have more than one benefit, besides the potential with statin myalgia. It helps with neurocognitive benefits, and with other mitochondrial functions," she tells Super Age.

But the most meaningful step you can take if you're experiencing this soreness, she says, is talking to your statin-prescribing doctor. Dr. Tomey agrees.

"It's important that there's an open dialogue between a prescribing physician and a patient, so we can hear your concerns and you feel heard that you're having these symptoms," he says. Many patients fear they'll just be told to deal with it, or that they're overstating this side effect.

Dr. Vadali suggests being specific when telling your doctor about your symptoms. For example: "I was able to run two miles last week. This week, I'm running the two miles, but I'm noticing my quads on both sides are getting a little more fatigued," she says. "I'm having to massage them at the end of the night."

5 Ways to Keep Taking Your Statins, More Comfortably

With this knowledge in hand, and other causes ruled out, your doctor has a number of options to keep your cardiovascular disease risk down and reduce your soreness:

Checking your other medications: Certain other cholesterol-lowering medications, like ezetimibe (marketed as Zetia), can interact with statins, Dr. Vadali says, and may increase the incidence of SAMS. By identifying a drug interaction, your doctor can adjust your regimen.

Prescribing a different statin: Statins are a class of drug, not a single medication. Older versions, like simvastatin, are associated with greater incidence of SAMS, Dr. Vadali adds. Newer versions, like rosuvastatin and atorvastatin, have lower

incidences. If you're experiencing soreness on one of them, you may tolerate another one better.

Switching to a lower dose, or a different schedule: Your doctor can also adjust your dose, allowing you to continue statin therapy while still exercising comfortably. Even if you lower it, you may still enjoy the majority of the benefits; every time you double a statin dose, Dr. Tomey says, you drop your circulating LDL cholesterol by 6 percent.

"It's a relatively marginal difference in effective LDL lowering when you lower the dose," he explains. "If I think you have a good reason to be on statin therapy and you can tolerate 10 mg, but you can't tolerate 20 mg, I'd much rather have you on 10 mg than on no statin."

In these cases, your doctor may reduce the amount of each daily pill, or put you on a different dosing schedule, like taking the statin on alternate days. It may not drive your LDL levels down quite as much, so if you're chasing a specific number, your doctor will likely want to look into complementary and alternative medications, she says. But when your dose is lower, Dr. Vadali says, the statin can still harden the plaque in your bloodstream, reducing your risk for a clot.

Adding complementary, non-statin therapies: While ezetimibe can sometimes increase the incidence of SAMS, it doesn't always. And it's one of several non-statin, cholesterol-lowering medications (bempedoic acid is another) that doctors can combine with lower-dose statins to get similar results, Tomey says.

Another newer type of injectable medications,called **PSCK-9 inhibitors**, also reduce LDL through a different pathway than statins.

A supplement called red yeast rice, which has a statin-like effect, may be something your doctor wants to add in, Dr. Vadali says. Don't take this without talking to your doctor, though, Dr. Setarah advises. It could increase SAMS if you're adding it to prescribed statin therapy.

Adjusting activity levels or types: There's one last thing to try. If you're

experiencing soreness and the level's manageable, you may want to knock back your activity a little, and build it up again slowly. You may find you can tolerate the new level of soreness, or that it lessens over time. Try experimenting with different exercise types to see if some are gentler on your muscles than others.

If you *still* don't see a change, Dr. Tomey says, don't assume you're on your own or completely out of options: "In 2026, we have more tools than ever before to work together with, or instead of, statins to achieve those LDL lowering goals."

Read This Next:

*The information provided in this article is for educational and informational purposes only and is not intended as health, medical, or financial advice. Do not use this information to diagnose or treat any health condition. Always consult a qualified healthcare provider regarding any questions you may have about a medical condition or health objectives.**Read our disclaimers**.*

WRITTEN BY:



Greg Presto