I’ve written two articles about cholesterol-lowering drugs potentially causing unique problems in polio survivors. The first was published five years ago. The buzz in the post-polio community then was that rhabdomyolysis -- a very serious condition where kidney and muscle tissues breakdown -- occurred more frequently in polio survivors who take statins, the then newish cholesterol-lowering drugs.

There have been no specific studies of cholesterol-lowering drugs in polio survivors, but there seemed to be no reason polio survivors would be more prone to rhabdomyolysis. Only about one-half of 1% of anyone who takes a statin, such as Lipitor, develops rhabdomyolysis, which can indeed cause muscle pain (usually in the calves), muscle weakness and possibly even kidney failure. With rhabdomyolysis, the enzyme creatine phosphokinase (CK, also called CPK) is released as muscle breaks down, CK sometimes increasing to more than ten times the normal limit.

You should be aware that polio survivors can have an elevated CK without taking a statin. Two studies have found that 40% of polio survivors had abnormally elevated CK, with men having significantly higher CK than did women. In one study, CK increased with the number of steps polio survivors walked in a day. In 50 Post-Polio Institute patients who were not taking statins, 21% had an abnormally elevated CK of about 225, which is one-third higher than normal, but not ten times higher. Still, an elevated CK may mean that polio survivors are making their muscles work too hard and causing the fibers to break down, but isn’t evidence of rhabdomyolysis.

Drug companies are now reporting that statins can cause muscle pain anywhere in the body, not just in the calves, without causing muscle breakdown or elevating CK. An exception is Zocor, which, although it can cause rhabdomyolysis, is reported by its manufacturer to cause muscle pain no more frequently than in those taking placebo. Newer cholesterol-lowering drugs, the fibrates (Tricor and Lopid), also can cause rhabdomyolysis, elevated CK and “diffuse muscle pain, tenderness and weakness.” Even one of the oldest cholesterol-lowering drugs, the bile-acid sequestrant Welcol, is reported to cause muscle pain in 2% of patients versus none of those on placebo. What’s more, the cholesterol lowering B vitamin, Niacin, has also been reported to cause “pain,” although no more frequently than in those taking a placebo. The good news is that a newer cholesterol-lowering drug, Zetia, is said to produce “no excess” rhabdomyolysis or increase in CK, and produced only slightly more (0.04%) muscle pain than did placebo. However, a study found cholesterol plaque in arteries grew faster in patients takingVytorin (Zetia plus Zocor) than in patients taking Zocor alone.

Whatever drug you chose with your doctor, remember that muscle pain is more likely if you’re taking a combination of cholesterol-lowering drugs, calcium channel blockers, immune system inhibitors, certain antibiotics or antifungal drugs, have kidney disease, diabetes, a slow thyroid or drink more than a quart of grapefruit juice a day. If you’re taking a cholesterol-lowering drug and feel muscle pain, even if you’ve been on the medication for a while, stop the drug immediately and call your doctor.
doctor. Also, remember that there is more to managing cholesterol than taking a pill. Reducing saturated fat and eating foods high in soluble fiber -- such as cereal grains, beans, peas, legumes, fruits and vegetables -- can help lower triglycerides and the "bad" low-density cholesterol (LDL) while raising the "good" high-density (HDL) cholesterol. It is also recommended that you lose weight, decrease stress, treat high blood pressure, stop smoking and have a five-ounce glass of wine with dinner. By following these suggestions and The Post-Polio Institute “Diet” (that recommends eating more protein, especially at breakfast) and reducing carbs and portion size -- you can lose weight, fuel your neurons to feel less fatigue and muscle weakness, while keeping your plumbing clear of cholesterol.