### SAMS Assessment Guide

#### Unilateral
- Non-specific distribution
- Tingling, twitching, shooting pain, nocturnal cramps or joint pain

#### Bilateral
- Large muscle groups (e.g., thighs, buttocks, calves, shoulder girdle)
- Muscle ache, weakness, soreness, stiffness, cramping, tenderness or general fatigue

#### Timing of symptoms
- Onset before statin initiation
- Onset > 12 weeks after statin initiation
- Onset after statin dosage increase

#### Other considerations
- Risk factors for SAMS including:
  - medicine or food interactions
  - high-dose statin therapy
  - history of myopathy with other lipid-modifying medicines
  - regular vigorous physical activity
  - impaired hepatic or renal function
  - substance abuse (e.g., alcohol, opioids, cocaine)
  - female
  - low BMI

#### CK levels
- Elevated (> ULN; but may also be normal)
- Elevated CK levels decrease after statin ceased

### If SAMS is likely, proceed to the SAMS Management Algorithm at nps.org.au/sams

Discuss symptoms and address any concerns about statin benefits and potential harms.

Successful management of suspected SAMS requires a collaborative process that involves assessing muscle symptoms, eliminating contributing factors, and in some cases trying alternative statins and doses, or prescribing alternative lipid-lowering medicines. Many patients can tolerate intermittent dosing with the same statin, and around 90% can tolerate a different statin.

References available at nps.org.au/statins-action-plan-refs
**Why are statins important?**

Statins are effective and well-tolerated medicines commonly prescribed to lower 'bad' cholesterol levels in the blood and to reduce the chance of heart attack and stroke in people at high risk.

Statins are taken by millions of people in Australia every day and have many decades of research supporting their use.

If you are concerned about possible side effects from your statin, speak with your health professional.

**Is a statin causing my symptoms?**

Like all medicines, statins can cause side effects in some people. In general, these are mild and temporary.

Muscle aches and pains are the most common side effects reported by people taking statins. However, the true number of cases that result from taking the medicine remains unclear, partly because non-specific muscle symptoms become more common among people aged 50 and older.

In carefully controlled studies, similar numbers of people felt muscle aches and pains, whether they were taking a statin or a placebo (a ‘sugar’ pill).

Evidence shows that many people who experience muscle symptoms can keep taking their statin at a lower dose, and up to 90% are able to tolerate a different statin, without problems.

**What will my doctor do?**

Your doctor has assessed your symptoms, to see how likely it is that your statin is the cause. If a statin is suspected, they will need to follow some steps to get a clearer picture of your symptoms and to confirm if the medicine is the cause.

**My Action Plan**

An important part of managing your condition is to work with your doctor on a plan that looks after your heart health while reducing your symptoms.

Some people may need to stop statin therapy temporarily or take a different cholesterol medicine. Do not stop or change the way you are taking your statin unless instructed by your doctor, otherwise you could be putting yourself at risk of a heart attack or stroke.

When you return home, remember to track your symptoms. This information will help your doctor to better understand what could be causing your muscle symptoms.

**Agreed actions**

- [ ] Continue my statin as usual
- [ ] Go for a blood test
- [ ] Continue my statin, at a reduced dose
- [ ] Stop my statin for [ ] weeks
- [ ] Track my symptoms
- [ ] Other

**Date of my next visit:**

For more information about medicines or side effects call Medicines Line on 1300 MEDICINE. Visit nps.org.au/statins