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The Author's Reply

We thank Drs Golomb and Evans for their valuable comments and for drawing our attention to relevant published abstracts.

Drs Golomb and Evans suggest that 'high dose' should be determined by statin potency rather than actual dose. Following their suggestion and re-analysing our data by setting atorvastatin ≥20mg as high-dose results in three further cases having a single-risk factor, leaving only two atorvastatin cases without risk factors. However, this does not remove the differences with respect to interacting drugs, and the age and dose relationship between simvastatin and atorvastatin noted in our analysis. Statin potency may not be an important contributor to the propensity to cause muscle disorders.

Drs Golomb and Evans mention an analysis finding hypertriglyceridaemia as a risk factor for rhabdomyolysis with statins.[1] A further possible risk factor identified recently is hypertension. In a case-control comparison by Cziraky et al.,[2] the relative risk of hospitalisation for myopathy in patients treated with lipid-lowering drugs was 5.13 (95% CI 2.42, 10.85) in the presence of hypertension. However, hypertension may be a surrogate marker for other factors rather than a direct contributor to the risk of muscle disorders.

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