

# Coenzyme Q<sub>10</sub> Eased Statin-Induced Muscle Pain

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ORLANDO, FLA. — Coenzyme Q<sub>10</sub> markedly reduced statin-induced myopathic pain in a randomized, double-blind controlled trial with 41 patients.

“I was surprised at the strength of the outcome. I’d been skeptical,” Patricia Kelly, D.O., told this newspaper at the annual meeting of the American College of Cardiology.

Dr. Kelly reported on 41 statin-treated patients who had myopathic pain and whose creatine phosphokinase (CPK) levels were normal or minimally elevated. The patients were randomized to 400 IU vitamin E (control group) or 100 mg coenzyme Q<sub>10</sub> daily for 30 days.

On a validated pain scale of 0-10, self-rated muscle pain fell from a mean of 6.2 to 3.1 in the group taking coenzyme Q<sub>10</sub> but was unchanged in controls. Pain improved in 18 of 21 patients treated with coenzyme

Q<sub>10</sub>, compared with 3 of the 20 taking vitamin E, said Dr. Kelly, a cardiology fellow at Stony Brook (N.Y.) University Hospital.

Severity of muscle pain was unrelated to CPK level, which didn’t change significantly in either study arm. LDL cholesterol concentrations and liver function tests also remained unchanged. Both treatments were well tolerated and free of side effects.

The rationale for studying coenzyme Q<sub>10</sub> stems from the fact that statins reduce not only production of cholesterol but also

biosynthesis of coenzyme Q<sub>10</sub>, or ubiquinone, a component of the electron transport system and a key player in mitochondrial ATP production. Oral coenzyme Q<sub>10</sub> supplementation therefore seemed like a potential way to boost skeletal muscle high-energy phosphate metabolism—and thereby reduce myopathic pain symptoms.

Dr. Kelly and her coinvestigators have applied to the National Institutes of Health for a grant to conduct a larger, definitive study. ■



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