

# statin induced Parkinsons?

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Do statins induce Parkinsons?

The following study and letter in response was published in the German medical journal Der Nervenarzt.

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Study on statin myopathy:

<http://tinyurl.com/5x7rq>

Der Nervenarzt

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Fibrat-/Statin-Myopathie

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Letter in response with case study of statin-unmasked Parkinsons

<http://tinyurl.com/5lpnn>

"To the excellent review about the development of myopathies following long-term medication of cholesterol level decreasing fibrates and statins, there should be considered additional differential diagnostic possibilities.

Because of the similar clinical symptomatology with muscle aches and increased stiffness, the diagnosis of statin-induced aggravated Parkinson Disease Syndrome should be discussed. The development of such muscular side effects is seen more with statins than with fibrates.

The case report in Table 1 indicates the history of a 60 year old patient with statin-induced Parkinson Syndrome occurring over a long time.

On the other hand, with central effective statins, a possible neuro-protective effect in neuro-degenerative diseases has been considered, especially in dementia. But long term use of statins, especially Lovastatin, leads to the reduction of coenzyme Q10 and can cause damage of the mitochondrial breathing chain. Co Q-10 is an electron receptor in the mitochondrial complexes 1 and 2 and very effective absorber of radicals. This antigen substance increases the complex 1 activity. Co-Q10 shows a certain therapeutic effect with encephalomyopathy where there is a lack of various enzyme functions of the breathing chain.

Dysfunction of various parts of the mitochondrial breathing chain is also considered in the pathophysiological mechanism of idiopathic Parkinson's disease. Treatment with Co-Q10 in patients who are not treated with Dopamine for Parkinson patients, caused less disease symptomatology and progression than patients treated with placebo, though placebo treatment can cause stimulation of dopaminergic neurotransmission. Therefore, the long-term treatment with Co-Q10 possibly is neuroprotective in idiopathic morbid Parkinson, though new evidence shows it appears to cause mild symptomatic effect.

Under these circumstances treatment with prophylactic medication of Co-Q10 which has been well tolerated in doses up to 1200mgm in patients with neurodegenerative diseases should be considered for statin myopathy or statin-induced Parkinson syndrome in addition to discontinuation of the cholesterol decreasing medication.

The Table 1 summarizes a patient with Parkinson syndrome.

199: start of therapy with Fluvastatin 40 mg.

1997: increasing weakness with shoulder and hip pain on the right

1999: diagnosis of right sided Parkinson syndrome of akinetic dominance type. Careful induction of Pergolid with daily doses of 3 mg and Salagen 7.5 mgm

2000: complaints about increasing edema development in legs, loss of hair, start of a potassium sparing diuretic and increasing of Pergolid medication from 4.5 mg in June 2000 to 6 mgm in December.

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March 2001: discontinuation of Fluvastatin, continuation of Pergolid 6 mg

June 2001: reduction of Pergolid to 4 mgm

Sept 2001 Pergolid 3 mgm. Improvement of edema

December 2001 discontinuation of Pergolid and diuretics

March, 2002 discontinuation of Salagen"

Dr. Th. T. Muller

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