## CLN8: an Atorvastatin-specific marker for common myalgia

**Background:** Statin therapy is highly successful for the treatment of hypercholesterolemia and prevention of cardiovascular disease. Side effects including muscle pain (myalgia), weakness and/or increased serum CK activity (myositis) often disrupt treatment, with no unifying hypothesis to explain them. We used genome-wide association to investigate whether genetic links to myalgia may be statin-specific. **Methods:** We genotyped 812 statin-treated patients with an array of 865,483 SNPs. There were 328 patients on atorvastatin, 119 on simvastatin; 154 on rosuvastatin, 213 on other statins. Myalgia index was scored as 1 for myalgia presence in 377 patients and 0 for no myalgia in 416. **Results:** The SNP rs7014327 of the ceroid lipofuscinosis, neuronal 8 (*CLN8*) gene was associated with myalgia at a significance of p <  $2 \cdot 10^{-7}$  ( $R^2 = 5.2\%$ ) in patients receiving atorvastatin only. In all patients the SNP was unassociated (p <  $10^{-5}$ ,  $R^2 = 2.6\%$ ). *CLN8* encodes a protein implicated in Pompe's disease, whose hallmark is myopathy. **Conclusion:** We propose a new candidate for myalgia, *CLN8*, which has an effect only in atorvastatin patients. This drug dependent association supports the hypothesis of statin-specific pathways for statin myopathy.

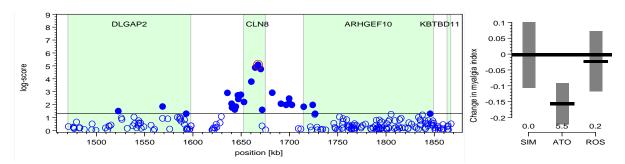


Figure legend. Left: CLN8 genomic locus on chr 8p23 and effect on myalgia (all patients). Logscores of p values for SNPs within 200 kb of the index SNP (red circle). Right: Effect of the SNP on myalgia index in patient subgroups taking simvastatin, atorvastatin, or rosuvastatin.

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