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| **Bile-acid sequestrants** | - Resins bind bile acids in the gut; liver then converts more cholesterol to bile  
- Decr. LDL (15-30% reduction)  
- Results seen in 2 weeks | - For younger populations and for moderately elevated cholesterol levels  
- Used w/ statin for severe hypercholesterolemia | - GI-constipation, bloating nausea, flatulence  
- **Osteoporosis (long term)**  
- May increase TG levels so not recommended for patients w/ TG’s > 200 mg/dl | - Decr. absorption of vit ADEK thiazides, beta blockers, Digoxin, Coumadin  
- Need high fluid consumption  
- Mix powder in liquid or food  
- Take other drugs 1h before meals or 4h after meals  
- Monitor PT, Digoxin levels  
- Check cholesterol levels (6-8 wks)  
- Report any unusual S/Sx  
- Monitor GI distress, esp. bowel elimination |
| **Fibric acid derivatives** | - Incr. lipoprotein lipase (N-enzyme) activity so incr. catabolism of VLDL & LDL  
- Inhibits synthesis of cholesterol  
- Decr. TG's up to 50% & decr. HDL up to 15% | - To treat elevated LDL levels; not absorbed systemically  
- Severe hyperlipidemia in persons w/ risk of CHD or pancreatitis (prevention)  
- In combo w/ niacin or statin for prevention of heart dx, elevated LDL, high TG & low HDL  
- Used to tx familial hyperlipidemia | - **Cholelithiasis**  
- GI disturbances (N/V)  
- Bleeding tendencies  
- Skin rash w/ Lopid  
- Myositis if used with statin  
- Myalgias alone or w/ statins or niacin, soreness, weakness  
- Hepatoxicity | - Short term use only  
- Monitor PT/INR if on coumadin (incr. effect)  
- Incr. toxicity of phenytoin  
- Assess for hx of gallbladder & liver dx  
- Check LFT’s q 6-8 wks initially |
| **HMG-CoA reductase inhibitors** | - Inhibit synthesis of cholesterol by the liver, so in number of cell LDL receptors; LDL is removed from plasma  
- Decr. LDL by 40%  
- Incr.HDL by 15%  
- Decr.TG’s 10-40%  
- Decr. cholesterol by 33% | - Hypercholesterolemia caused by elevated LDL  
- Prevention of 1st or 2nd MI in pts w/ CAD, DM or hyperlipidemia  
- Used more in older patients | - GI problems: dyspepsia, flatulence, constipation, abdomen pain & cramps  
- **Rhabdomyolysis** if used w/ f.a. derivative or niacin (CPK levels)  
- Hepatoxicity  
- Alteration of PT time (Zocor) | - Decr. absorption of ADEK vitamins  
- Incr. bleeding time if on Coumadin  
- Do not use in pregnancy  
- Do not use under age 18  
- Check LFT’s q 6-8 wks for 1st yr  
- Report muscle aches; abdominal pain (RUQ) |
| **Niacin** | - Decr. synthesis of VLDL by liver  
- Therapeutic dose is 100-200x the daily requirement | - Indicated for mixed hyperlipidemia | - Flushing, itching  
- Can aggravate peptic ulcer, diabetes (hyperglycemia), gout  
- Abnormal liver function | - Take w/ aspirin 30 min ac  
- Start doses slow then incr.  
- Do not chew tablets  
- Monitor blood glucose  
- Take w/ meals |