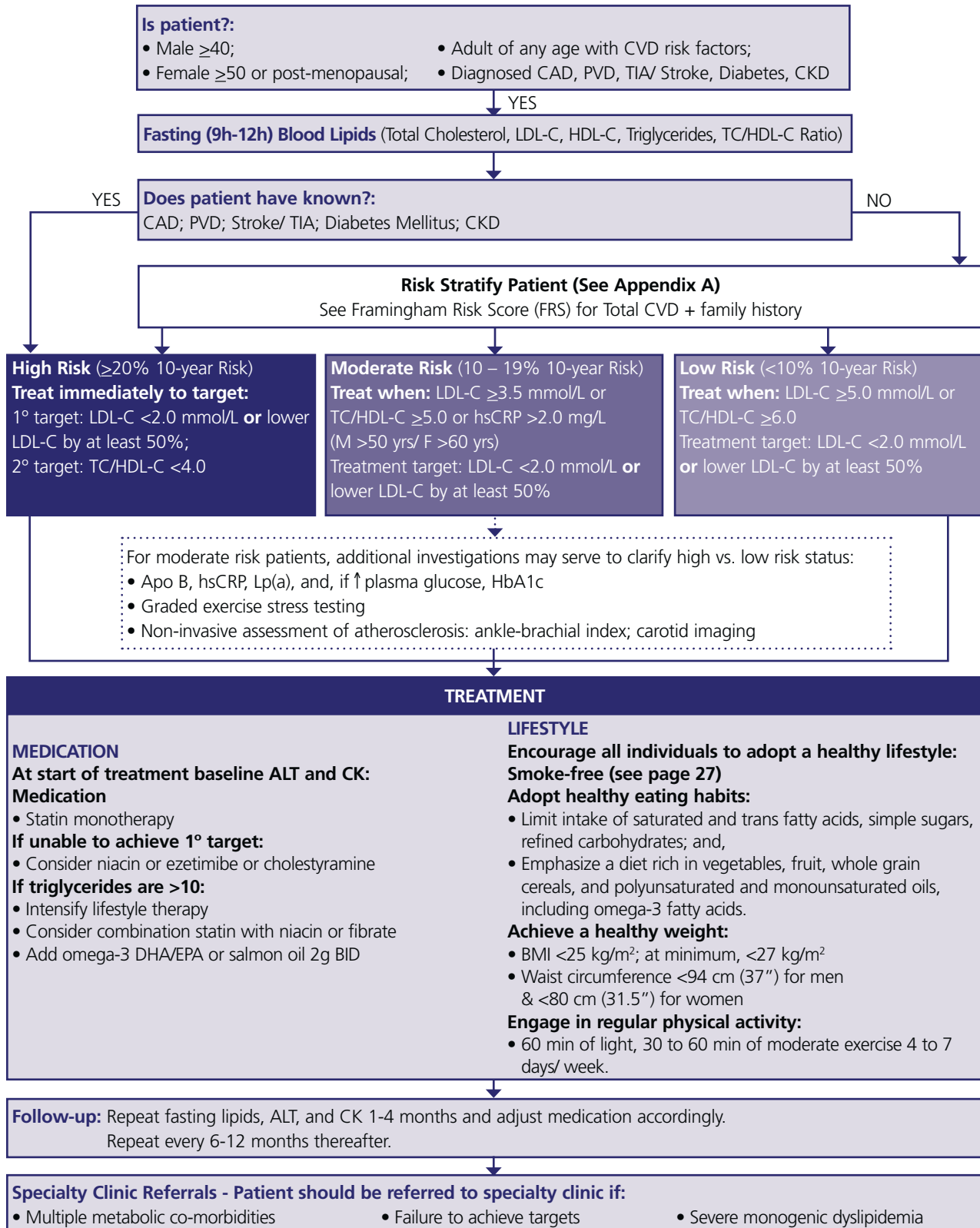




CHOLESTEROL/ DYSLIPIDEMIA

Source: McPherson R, Frohlich J, Fodor G, Genest J. Canadian Cardiovascular Society position statement - Recommendations for the diagnosis and treatment of dyslipidemia and prevention of cardiovascular disease. Can J Cardiol. 2006; 22(11): 913 – 927 and 2009 Update.^{9, 37}





SUPPLEMENTAL INFORMATION

Source: McPherson R, Frohlich J, Fodor G, Genest J. Canadian Cardiovascular Society position statement - Recommendations for the diagnosis and treatment of dyslipidemia and prevention of cardiovascular disease. Can J Cardiol. 2006; 22(11): 913 – 927. ⁹

WAIST CIRCUMFERENCE TARGETS FOR PATIENTS WITH DYSLIPIDEMIA

Waist circumference targets for management of dyslipidemia are more stringent than other recommendations because of the strong correlation between BMI, subcutaneous abdominal fat and coronary atherosclerosis and are therefore considered of particular importance in the management of dyslipidemia.

LIPID LOWERING MEDICATIONS

Generic Name	Trade Name	Dose Range	Summary
Statins			<ul style="list-style-type: none"> • Generally well tolerated. • Significant increases in hepatic transaminase levels, defined as alanine aminotransferase (ALT) levels more than 3 times upper limit of normal occur in 0.3% - 2.0% of patients and are generally dose-related. Although underlying liver disease is considered a contraindication to statin therapy, there is no evidence of worsening of liver function in subjects with fatty liver, chronic hepatitis C, or primary biliary cirrhosis treated with statins – measure ALT at baseline, and between 1 and 3 months after initiating statin or niacin therapy. • Statin-induced myopathy is a well-established but rare side effect. The incidence of myalgia is approximately 3% to 4% in statin-treated patients vs. 2% in placebo-treated individuals. • Statin induced myositis (muscle discomfort + CK >10 times normal limit) occurs in <0.1% of treated patients and requires prompt discontinuation of drug therapy; patients at most risk are elderly and/ or multiple co-morbidities. • In high risk patients, CK levels at baseline and advise to stop medication if significant symptoms develop. • Use lower dose ranges in persons of South and East Asian origin.
Atorvastatin	Lipitor	10 – 80 mg	
Fluvastatin	Lescol	20 – 80 mg	
Lovastatin	Mevacor	20 – 80 mg	
Simvastatin	Zocor	10 – 80 mg	
Pravastatin	Pravachol	10 – 40 mg	
Rosuvastatin	Crestor	5 – 40 mg	
Bile Acid and/ or Cholesterol Absorption Inhibitors			
Cholestyramine	Questran	2 - 24 g	
Colestipol	Colestid	5 - 30 g	
Ezetimibe	Ezetrol	10 mg	<ul style="list-style-type: none"> • 15 – 20% increase in plasma creatinine is common (higher when underlying renal disease). • Initiate at lowest available dose; increase only after re-evaluation of renal function. • Do not use gemfibrozil in combination with a statin.
Fibrates			
Bezafibrate	Bezalip	400 mg	
Gemfibrozil	Lopid	600 – 1200 mg	
Fenofibrate	Lipidil Micro Lipidil Supra Lipidil EZ	100 mg – 200 mg 160 mg 145 mg	
Niacin			<ul style="list-style-type: none"> • *The over-the-counter preparations of slow-release niacin are not recommended since they are commonly associated with elevated transaminase levels, particularly if administered in multiple doses over the course of the day. Crystalline niacin and extended release niacin preparations are much safer but may result in persistent significant elevations in ALT in approximately 1% of patients. A general recommendation is to measure ALT levels at baseline, and between one and three months after initiating niacin therapy. • Niacin can impair insulin sensitivity and may raise blood glucose levels in susceptible individuals in a dose dependent fashion, although this effect may be transient. Studies using niacin in combination with a statin have shown beneficial effects in reducing atherosclerosis progression in people with Diabetes. In patients with Diabetes or glucose intolerance, initiate niacin therapy at 500 to 1000 mg per day and monitor glycemic control. • Niacin causes flushing which can be helped by pre-administration of aspirin, nocturnal dosing, and gradual titration up to recommended dose. • Niacin may also cause gastric upset.
Nicotinic acid	Crystalline niacin	1 - 3 g	
Ext. release	Niaspan*	0.5 – 2 g	