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Cholesterol Lowering Medications

Sometimes, despite best efforts to change your lifestyles and work towards reducing your cholesterol, medication may be required. There are many medications that your provider will consider for you, and your drug and dose will be carefully individualized based on your cholesterol goals, current medications, and other existing health problems. As with all medications, the risks vs benefits as well as potential side effects will be discussed with you prior to starting your new cholesterol lowering medication.

Your baseline cholesterol levels along with any other required labs based on the medication you are starting will be drawn before you begin your medication. Your labs will be checked at 6 – 8 weeks after initiating therapy, and your medications adjusted if needed. You can expect to return for lab work every 6 – 8 weeks until you are near your cholesterol goals. After that, you will visit every 4 – 6 months for lab work and monitoring of continuation of therapeutic lifestyle changes.

Some patients are able to reduce or even completely come off of cholesterol medication if they have little genetic influence in their cholesterol profile, and are able to strictly adhere to an active and nutritious lifestyle.

Statins

Statins are the most recognized group of medications to lower LDL levels. There are many different statins available; some have a higher potency, or intensity, while others have moderate or low intensity.

Statins work by stopping an enzyme that the body uses to produce more cholesterol naturally. These drugs can lower LDL ("bad" cholesterol) up to 55%, can also raise HDL ("good" cholesterol) and help lower triglycerides.

Examples: simvastatin (Zocor), atorvastatin (Lipitor), rosuvastatin (Crestor)

Side effects: muscle aches

Monitoring: Liver function blood tests before beginning medication, and as needed if side effects occur

Plant Sterols

Exetimibe (Zetia) works by reducing the amount of cholesterol that is absorbed by the body. It can be used in combination with statins to reduce LDL even more, up to an additional 25 % reduction.

Example: Exetimibe (Zetia)

Side effects: gastrointestinal upset

Monitoring: Liver function blood tests if being added to statin therapy

Bile Acid Sequesterants

This class of medications works to reduce cholesterol by binding with cholesterol containing bile acids in the intestine and then eliminating them in the stool. These can lower LDL levels by about 25%, must be taken with food, and may be dosed up to 6 times per day. This medication is not appropriate for you if you have triglycerides above 200, as it may slightly increase your triglyceride levels.

Example: cholestyramine (Prevalite, Questran)

Side effects: excessive flatulence, constipation, nausea,

Monitoring: none

Nicotinic Acid (Niacin)

Niacin is a form of a B vitamin that when taken at doses much higher than the vitamin requirements can reduce LDL, triglycerides, and raise HDL. It is especially effective at reducing triglycerides and raising HDL. Your provider may suggest you take a baby aspirin one half hour before taking this medication, due to its potential side effects.

Example: Niaspan, Slo-Niacin, Vitamin B3

Side effects: flushing, hot flashes, itching,

Monitoring: Liver function, uric acid and fasting glucose blood tests prior to beginning treatment and at regular intervals during first year of treatment

Fibrates

These medications mostly lower triglycerides and may slightly raise HDL levels. They are not as effective in lowering LDL levels. These are used with caution if you are also on a statin, but are an excellent choice for patients with primarily high triglycerides

Examples: fenofibrate (Tricor, Fenoglide, Lipofen), gemfibrozil

Side effects: Gastrointestinal upset, abdominal pain, fatigue

Monitoring: Creatinine, complete blood count and liver function tests at baseline and periodically throughout treatment.