Lipid Patient Care Flowsheet

Co-morbid Conditions

Allergies

Patient Name

		Date:						
Every visit	Lipid Targets and Laboratory Values	**Risk Assessment (10 yr risk of CAD)**	☐ Low ☐ Medium ☐ High	☐ Low ☐ Medium ☐ High	☐ Low ☐ Medium ☐ High	☐ Low ☐ Medium ☐ High	☐ Low ☐ Medium ☐ High	☐ Low ☐ Medium ☐ High
		Target LDL						
		Target TC/HDL Ratio						
		Target Apo B						
Every 3 to 6 months		**Total Cholesterol**						
		Triglycerides						
		HDL-C						
		LDL-C						
		TC/ HDL Ratio						
		Apolipoprotein B						
		Liver Enzyme Panel (AST/ALT) Goal < N X 3						
		CK (if myalgias) Goal < N X 10						
	Medications	**Statin** _____						
		Fibrate _____						
		Niacin						
		Ezitimibe _____						
		Side Effects						
		Contraindications						
		ASA						
	Risk Factors	**Nutrition**						
		Weight						
		BMI (Goal ≤ 25)						
		Waist Circ. (m ≤ 40; w ≤ 35)						
		Activity						
		Alcohol Usage						
		Smoking						
	Risk Management	**Family History of Premature Events**						
		Optimal diabetes control: HgA1C <7% ; FBS ≤ 6.0						
		BP goal <130/80						
		Next Steps						

Lipid Lowering Agents

DRUGS	INITIAL DOSE	MAINTENANCE DOSE	MAXIMUM DOSE	LDL (dose effect)	HDL	TG	POTENTIAL INTERATIONS	REQUIRED LABORATORY	SIDE EFFECTS	COMMENTS
Resins -Cholestryamine (Questran, Questran Light) -Colestipol (Colestid) - granules - tablets	4 g qd-bid 5 g qd-bid 2 g qd-bid	4-8 g (qd-bid) 5-15 g (qd-bid) 2 -8 g (qd-bid)	24 g/d 30 g/d 16 g/d	↓ 15-30%	↑ 3-5%	No change or possible increase	- decreased absorption of digoxin, warfarin, thyroid, oral hypoglycemics, statins, folic acid, gemfibrozil, thiazides, tetracycline, vitamins A,D,K.	- none	- GI upset, constipation - Esophageal spasms or respiratory distress (if ingested in dry form).	- space administration of other agents 1h before or 2h after resin - Increased fluid and fiber
Fibrates - Gemfibrozil (Lopid) - Bezafibrate (Bezagen, Bezalip) - Fenofibrate (Tricor) - regular - micronized (Lipidil Macro®) - macrocoated (Lipidil Supra®)	300 mg bid 400 mg qd 100 mg tid 200 mg/d 160 mg/d	600 mg bid 400 mg qd 200 mg/d 160 mg /d	1500 mg/d 400 mg/d 400 mg/d 200 mg/d 200 mg/d	↓ 5-20% (LDL may ↑ if TG very high initially)	↑ 10-20%	↓ 20-50%	- displacement of warfarin or oral hypoglycemics - increased risk of myopathies with statins, niacin, or cyclosporine	- LFTs at baseline, 6 months, and 6 months to a year thereafter - CK at first sign of muscle pain (d/c drug if CKs 10 x upper limit of normal)	- GI upset, hepatoxocity, rash, pruritis, headaches, insomnia, myopathies	-take with food (except gemfibrozil which should be taken 30 min. prior to meals)
Niacin (nicotinic acid) - Niacin Timed Release (Novo-Niacin, vitamin B)	125 mg bid 500 mg qd	500 mg tid-qd 1500 tid-qd	2 g tid 2000 mg tid	↓ 5-25%	↑ 15-35%	↓ 20-50%	- decreased effects of insulin or oral hypoglycemics - increased risk of myopathies with statins or fibrates	- LFTs at baseline, every 6 to 12 weeks for first year then every 6 months thereafter - uric acid and glucose at baseline and as necessary thereafter	- flushing, headache, pruitis, GI upset, hyperuricemia and gout, hyperglycemia, hepatoxocity	- always take with food -tolerance often develops to flushing -325 mg ASA 30 min. prior to niacin may help to alleviate flushings - avoid hot beverages
Statins -Atorvastatin (Lipitor) -Fluvastatin (Lescol) -Lovastatin (Altocor, Mevacor) -Pravastatin (Pravachol) -Simvastatin (Zocor) -Rosuvastatin (Crestor)	10 mg 20 mg 20 mg 10-20 mg 5-40 mg 10 mg	10-60 mg qd 20-60 mg qd or bid 20-60 mg qd 20-40 mg qd 10-40 mg qd 10-40 mg qd	80 mg qd 40 mg bid 40 mg bid 60 mg qd 80 mg qd 40 mg qd	↓ 35-60% ↓ 20-35% ↓ 25-40% ↓ 20-35% ↓ 35-60% ↓ 40-65%	↑ 5-15%	↓ 7-30%	- increased risk of myopathies with niacin, erythromycin, clarithromycin, gemfibrozil, ketoconazole, itraconazole, or cyclosporine (atorvastatin, ovastatin, and simvastatin only.) - increased digoxin with atorvastatin or fluvastatin -increased warfarin levels with fluvastatin	-LFTs at baseline, every 6 to 12 weeks for first year then every 6 months thereafter - uric acid and glucose at baseline and as necessary thereafter - CK at first sign of muscle pain (d/c drug if CKs 10 x upper limit of normal)	- GI upset, myopathies, hepatoxocity	-all statins should be taken with evening meal or at bedtime -taking with food helps to alleviate side-effects -no clinical endpoint data available for rosuvastatin at present -adding CoQ10 60-90 mg may decrease risk of myalgias
Ezetimibe (Ezetrol)	10 mg qd	10 mg qd	10 mg qd	↓ 17%	↑ 1.3%	↓ 6%	- decreased ezetimibe in combination with cholestytamine -ezetimibe increased by concomitant cyclosporine and fibrate administration	- none	- similar to placebo	-may be used as monotherapy or in combination with a low-dose statin -No clinical endpoint data available