

Table 20.2 Medications Used to Decrease Lipids

Medication	Indications	Dosing	Side effects affecting rehab	Other side effects	Drug interactions and considerations
<b>High-potency statins</b>					
Atorvastatin (Lipitor)	Decreases lipids by 35%-55%.	10-80 mg once daily with evening meal.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	Headache, gastrointestinal intolerance, flu-like symptoms, myalgia (5%), myopathy (0.2%-0.4%), fatigue. Liver effects: Increased liver enzyme (AST/ALT). Dose dependent (0.5%-2.5%); managed by reducing dose. Rare events of liver damage, hepatitis, or jaundice can occur.	Metabolized by CYP3A4. When used with medications metabolized by the same pathway can increase risk of rhabdomyolysis. This drug interaction is managed by avoiding these interacting medications whenever possible and by using lowest effective statin dose.
Rosuvastatin (Crestor)	Decreases lipids by 45%-55%.	10-40 mg once daily with evening meal.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	Headache, gastrointestinal intolerance, flu-like symptoms, myalgia (5%), myopathy (0.2%-0.4%), fatigue. Liver effects: Increased liver enzymes (AST/ALT) managed by reducing dose. Rare liver damage, hepatitis, or jaundice can occur.	Metabolized by CYP2C9. When used with medications metabolized by the same pathway can increase risk of rhabdomyolysis. This drug interaction is managed by avoiding these interacting medications whenever possible and by using lowest effective statin dose. Can potentiate effects of warfarin (Coumadin); may require Coumadin dose adjustment.
<b>Intermediate-potency statin</b>					
Simvastatin (Zocor)	Decreases lipids by 30%-45%.	10-80 mg once daily with evening meal.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	Headache, gastrointestinal intolerance, flu-like symptoms, myalgia (5%), myopathy (0.2%-0.4%), fatigue. Liver effects: Increased liver enzyme (AST/ALT). Dose dependent (0.5%-2.5%); managed by reducing dose. Rare events of liver damage, hepatitis, or jaundice can occur.	Metabolized by CYP3A4. When used with medications metabolized by the same pathway can increase risk of rhabdomyolysis. This drug interaction is managed by avoiding these interacting medications whenever possible and by using lowest effective statin dose. Available in generic form; 30% eliminated by kidneys.
<b>Low-potency statins</b>					
Lovastatin (Mevacor)	Decreases lipids by 20%-40%.	10-80 mg once daily with evening meal.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	Headache, gastrointestinal intolerance, flu-like symptoms, myalgia (5%), myopathy (0.2%-0.4%), fatigue. Liver effects: Increased liver enzyme (AST/ALT). Dose dependent (0.5%-2.5%); managed by reducing dose. Rare events of liver damage,	Metabolized by CYP3A4. When used with medications metabolized by the same pathway can increase risk of rhabdomyolysis. This drug interaction is managed by avoiding these interacting medications whenever possible and by using lowest effective statin dose. Available in generic

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Medication	Indications	Dosing	Side effects affecting rehab	Other side effects	Drug interactions and considerations
				hepatitis, or jaundice can occur.	form; 30% eliminated by kidneys.
Pravastatin (Pravachol)	Decreases lipids by 20%-40%.	10-80 mg once daily with evening meal.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	Headache, gastrointestinal intolerance, flu-like symptoms, myalgia (5%), myopathy (0.2%-0.4%), fatigue.	Metabolized by sulfonation. Safest to use with warfarin (Coumadin); 60% eliminated by kidneys. Avoid in patients with kidney disease. Available in generic form. Drug interactions: None.
Fluvastatin (Lescol)	Decreases lipids by 20%-35%.	20-80 mg once daily with evening meal.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	Headache, gastrointestinal intolerance, flu-like symptoms, myalgia (5%), myopathy (0.2%-0.4%), fatigue. Liver effects: Increased liver enzyme (AST/ALT). Dose dependent (0.5%-2.5%); managed by reducing dose. Rare events of liver damage, hepatitis, or jaundice can occur.	Metabolized by CYP2C9. When used with medications metabolized by the same pathway can increase risk of rhabdomyolysis. This drug interaction is managed by avoiding these interacting medications whenever possible and by using lowest effective statin dose. Drug interactions: Potentiates warfarin (Coumadin) effects. Managed by avoiding interactions and using lowest effective dose.
<b>Agents that increase HDL</b>					
Nicotinic acid (Niaspan, Niacin)	Increases HDL by 15%-35%; decreases LDL by 5%-25% and TG by 20%-50%; inhibits lipid breakdown from adipose tissue.	Extended release: 1-2 gm once daily with evening meal. Immediate release: 2-4 g/day in 3 divided doses.	Cog: 0 S: 0 A: 0 Motor: + D: 0 Com: 0 F: 0	Flushing (give aspirin immediately before the dose to prevent flushing), itching, headache, reduced insulin sensitivity.	Achieves better results in elderly—less hepatotoxic than fibrates. Must titrate dose; increase by 500 mg every 4 wk. Long-acting prescription form preferred, less hepatotoxic than short-acting over-the-counter forms.
Gemfibrozil (Lopid)	Increases HDL by 10%-30%; decreases TG by 20%-50%.	600 mg twice/day with meals.	Cog: 0 S: 0 A: 0 Motor: ++ D: ++ Com: 0 F: ++	Diarrhea, myopathy, cholelithiasis, abdominal pain.	Can increase INR when used with warfarin (Coumadin). Available in generic form.

Cog = cognition; S = sedation; A = agitation or mania; Motor = discoordination; D = dysphagia; Com = communication; F = falls; HDL = high-density lipoprotein; LDL = low-density lipoprotein; TG = triglyceride; INR = international normalized ratio; ALT = alanine aminotransferase; AST = aspartate aminotransferase.

The likelihood rating scale for encountering the side effects is as follows: 0 = Almost no probability of encountering side effects. + = Little likelihood of encountering side effects. +/+ = Low probability of encountering side effects; however, probability increases with increased dosage. ++ = Medium likelihood of encountering side effects. +++ = High likelihood of

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encountering side effects, particularly with high doses. ++++ = Highest likelihood of encountering side effects; best to avoid in at-risk patients.