

LIPOWATCH[®]

NEWS

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The LipoWatch program from Visionary Health Concepts is designed to support providers and patients with education that integrates a "real world" focus with scientific data. Last month's issue discussed the statin drugs. This month's topic concludes our 3-month series on lipid-lowering agents and discusses several additional types of drugs used to lower blood lipids.

FIBRATES: The fibrates, or fibric acid derivatives, stimulate the activity of peroxisome proliferator-activated receptor (PPAR) alpha, which is involved in fatty acid breakdown. The main action of fibrates is to lower triglyceride levels. They include gemfibrozil (Lopid), fenofibrate (Tricor), and clofibrate (Abitrate, Atromid-S), all approved in the US, as well as bezafibrate (Bezalip) and ciprofibrate. Fibrates are the drugs of choice when treating isolated elevated triglycerides. They can be combined with statins to treat combinations of high triglycerides and LDL cholesterol.

Fibrates are generally well tolerated, but can cause gastrointestinal upset. They are associated with muscle toxicity (myopathy) and muscle inflammation (myositis) and can cause rhabdomyolysis. Rhabdomyolysis (muscle destruction) is a condition characterized by dark urine and muscle weakness or stiffness, where myoglobin is released from muscles and "clogs" the kidneys. The risk is increased when they are used in combination with the statins or cyclosporin.

Clofibrate has been associated with gastrointestinal cancers. Fibrates should not be used by patients with kidney, gallstone or liver problems, or by pregnant women.

There are no known clinically significant reactions between protease inhibitors or non-nucleoside reverse transcriptase inhibitors and clofibrate, fenofibrate, or gemfibrozil¹.

BILE SEQUESTERING AGENTS (Resins): The liver uses cholesterol to produce bile acids, which are used in the digestive process. The bile sequestrants bind to these acids, reducing their supply. In turn, this stimulates the liver to produce more bile acids, which uses more cholesterol. Unfortunately, the resins can increase triglyceride levels.

Bile acid sequestrants include cholestyramine/colestipol (Colestid, Questran), and colestevlam (Welchol). When the statins are not sufficient to lower high cholesterol, these drugs can be added. Their use is often limited by side effects, which are primarily gastrointestinal. They can include nausea, bloating, cramping, and an increase in liver enzymes.

Although the resins are not known to interact with protease inhibitors or non-nucleoside reverse transcriptase inhibitors, they reduce the absorption of fat-soluble vitamins and may inhibit the absorption of some of the nucleoside analog reverse transcriptase inhibitors. The Adult AIDS Clinical Trials Group recommends against the use of these agents in patients with HIV because they can increase

triglyceride levels, and their effects on antiviral drug absorption have not been studied².

NIACIN (Nicotinic Acid): Niacin inhibits the liver's production of very-low density lipoproteins (VLDL) and thereby, of LDL. It raises HDL levels by as much as 30% by reducing transfer of lipids from HDL to VLDL and by delaying clearance of HDL. Unfortunately, niacin has a high rate of unpleasant side effects, including flushing, itching, tingling, and nausea. Elevations in liver enzymes may lead to severe liver toxicity, and caution with HIV and HCV co-infected patients may be especially needed. Time-release formulations exist that reduce flushing; however, these appear to increase liver toxicity and to be less effective in normalizing lipid levels³. Although it does not interact with HIV antiviral drugs, niacin increases insulin resistance, making it a poor choice for use with protease inhibitors. ■

1 See HIV Drug Interactions on the Internet at <http://www.hiv-druginteractions.org>

2 Dubé MP, Sprecher D, Henry WK, Aberg JA, et. al., Preliminary Guidelines for the Evaluation and Management of Dyslipidemia in Adults Infected with Human Immunodeficiency Virus and Receiving Antiretroviral Therapy: Recommendations of the Adult AIDS Clinical Trial Group Cardiovascular Disease Focus Group, Clin Infect Dis 2000;31:1216-24.

3 McKenney JM; Proctor JD; Harris S; Chinchilli VM. A comparison of the efficacy and toxic effects of sustained- vs immediate-release niacin in hypercholesterolemic patients. JAMA 1994 Mar 2;271(9):672-7

Next month's LipoWatch will be an update from the 4th Workshop on Adverse Drug Reactions and Lipodystrophy and ICAAC.

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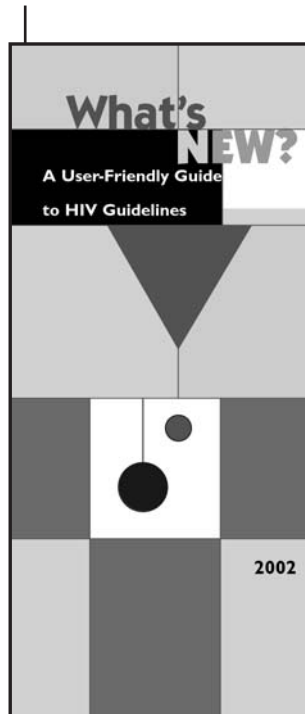
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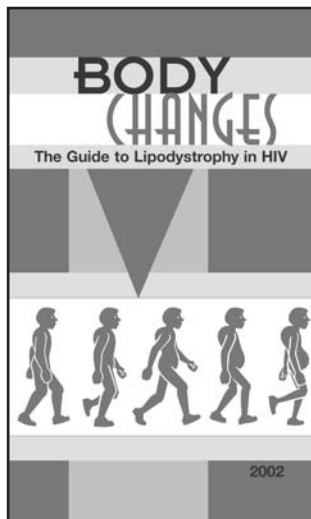
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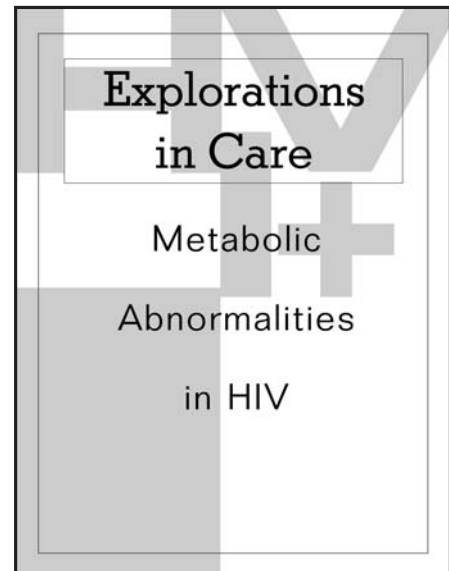
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