bezafibrate (bezz-uh-fibe-rate)

Classification
Therapeutic: lipid-lowering agents
Pharmacologic: thio acid derivatives

Indications
Use in conjunction with diet and other modalities in the treatment of hypercholesterolemia (Type IIa and IIb mixed hyperlipidemia), to decrease serum TG, LDL cholesterol and apolipoprotein B and increase HDL cholesterol and apolipoprotein A. Treatment of adults with hypertriglyceridemia (Type IV and V hyperlipidemias) at risk for pancreatitis and other sequelae.

Action
Inhibits triglyceride synthesis. Therapeutic Effects: Lowered cholesterol and triglycerides, increased HDL, with decreased risk of pancreatitis and other sequelae.

Pharmacokinetics
Absorption: Well absorbed (100%) following oral administration.
Distribution: Unknown.
Metabolism and Excretion: 50% metabolized, 50% excreted unchanged in urine, remainder as metabolites. 3% excreted in feces.
Half-life: 1–2 hr.

TIME/ACTION PROFILE (blood levels)

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
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<tbody>
<tr>
<td>PO</td>
<td>unknown</td>
<td>3–4 hr</td>
<td>24 hr</td>
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Contraindications/Precautions
Contraindicated in: Hypersensitivity/photosensitivity to bezafibrate or other thio acid derivatives; Severe liver or kidney impairment (CrCl < 60 mL/min); primary biliary cirrhosis, gallbladder or gallbladder disease or hypercholesterolemia; OB: Avoid use during pregnancy (discontinue several months prior to conception). Lactation: Discontinue breastfeeding.

Use Cautiously in:
- History of liver disease
- Doses >400 mg/day in conjunction with HMG CoA reductase inhibitors (statins) with any risk factors (renal impairment, infection, trauma, surgery, hereditary or electrolyte imbalances)
- Risk for rhabdomyolysis
- Geri: Consider age-related decrease in renal function, use in patients >70 yr
- Pedi: Limited experience in children at a dose of 10–20 mg/kg/day, use cautiously.

Adverse Reactions/Side Effects
CNS: Dizziness, headache.
GI: Dyspepsia, flatulence, gastritis, abdominal distension, abdominal pain, appetite, cholestasis, constipation, diarrhea, nausea.
GU: Erectile dysfunction, renal failure.
Derm: Alopecia, pruritus, urticaria, photosensitivity reaction, rash.
MS: Muscle cramps, muscular weakness, myalgia, rhabdomyolysis.
Misc: Hypersensitivity reactions including anaphylaxis.

Interactions
Drug-Drug: Risk of bleeding with oral anticoagulants; dose of anticoagulant should be by 50% with frequent monitoring. Cyclosporine: Risk of severe myositis/myoglobinuria, risk of combined therapy should be undertaken with caution. Concurrent use of immunosuppressants may risk of reversible renal impairment. Risk of severe myositis/myoglobinuria, risk of combined therapy should be undertaken with caution. Concurrent use of cyclosporine may increase risk of rhabdomyolysis. Immunosuppressants may risk of combined therapy should be undertaken with caution. Concurrent use of immunosuppressants may risk of combined therapy should be undertaken with caution. Concurrent use with MRA inhibitors may risk of myopathy. Cholestyramine and other bile-acid sequestrants may decrease effectiveness by concurrent estrogen therapy.

Route/Dosage
PO (Adults): 400 mg once daily.

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NURSING IMPLICATIONS

Assessment

● Obtain a diet history with regard to fat consumption. Before starting bezafibrate, every attempt should be made to obtain a normal triglyceride level with diet, exercise, and weight loss.

● Assess patient for cholelithiasis. If gallbladder studies are indicated, and gallstones are found, discontinue therapy.

● Lab Test Considerations: Monitor serum lipids prior to and periodically during therapy.

● Lab Test Considerations: Monitor AST and ALT serums periodically during therapy to assess for increased levels. Discontinue therapy if levels rise 5 times normal value.

● Lab Test Considerations: If patient develops muscle tenderness during therapy, monitor CPK levels. If CPK levels are markedly elevated or myopathy occurs, discontinue therapy.

Potential Nursing Diagnoses
Noncompliance

Implementation

● PO: Administer without regard to meals. Swallow sustained-release tablets whole; do not crush, break, or chew.

Patient/Family Teaching

● Instruct the patient to take the medication as directed, and to not share medication. Missed doses should be taken as soon as remembered. Do not double dose.

● Instruct patient to notify health care professional of unexplained muscle pain or weakness, increased muscle mass or tenderness, fever, nausea, vomiting, abdominal pain.

● Instruct patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult health care professional before taking any other Rx, OTC, or herbal products.

Evaluation/Desired Outcomes

● A decrease in serum triglyceride and LDL cholesterol levels.

● An increase in HDL levels.

Why was this drug prescribed for your patient?