cholestyramine (koe-less-tear-a-meen)
LoCHOLEST, LoCHOLEST Light, Prevalite, Questran, Questran Light

Classification
Therapeutic: lipid-lowering agents
Pharmacologic: bile acid sequestrants

Pregnancy Category C

Indications
Management of primary hypercholesterolemia. Pruritus associated with elevated levels of bile acids.

Action
Bind bile acids in the GI tract, forming an insolu- ble complex. Result is increased clearance of cholesterol.

Therapeutic Effects:
Decreased plasma cholesterol and low-density lipoproteins (LDLs). Decreased pruritus.

Pharmacokinetics
Absorption: Action takes place in the GI tract. No absorption occurs.
Distribution: No distribution.
Metabolism and Excretion: After binding bile acids, insoluble complex is eliminated in the feces.
Half-life: Unknown.

TIME/ACTION PROFILE (hypocholesterolemic effects)
ROUTE ONSET PEAK DURATION
PO 24–48 hr 1–3 wk 2–4 wk

Contraindications/Precautions
Contraindicated in: Hypersensitivity; Complete biliary obstruction; Some products contain aspartame and should be avoided in patients with phenylketonuria.
Use Cautiously in: History of constipation.
Exercise Extreme Caution in: Children (may cause intestinal obstruction; deaths have occurred).

Adverse Reactions/Side Effects
EENT: irritation of the tongue.
GI: abdominal discomfort, constipation, nausea, flatulence, hemorrhoids, steatorrhea, vomiting.

Interactions
Drug-Drug: May decrease absorption/effects of orally administered acetaminophen, amiodarone, clindamycin, digoxin, divan- trium, glipizide, corticosteroids, immune modulators, methyltestosterone, mebendazole, nsaids, phenytoin, phosphates, progesterone, tetracyclines, tolbutamide, thyroid preparations, warfarin, and fat-soluble vitamins (A, D, E, K).

NURSING IMPLICATIONS
Assessment
Hypercholesterolemia: Obtain a diet history, especially in regard to fat consumption.
Pruritus: Assess severity of itching and skin integrity. Dose may be decreased when relief of pruritus occurs.

Potential Nursing Diagnoses
Constipation (Side Effects)
Noncompliance (Patient/Family Teaching)

Nursing Considerations
Omit doses if vomiting occurs. Resume therapy when patient is able to tolerate medication.

Patient/Family Teaching
Explain drug effects, possible adverse reactions, and the importance of following a low-fat diet.

Evaluation
Effectiveness of therapy will be assessed by:
Reduced need for atherosclerotic interventions.
Reduced mortality rates in patients with coronary artery disease.
No increase in mortality due to noncoronary causes.
Implementation

- Parenteral or water-miscible forms of fat-soluble vitamins (A, D, and K) and folic acid may be ordered for patients on chronic therapy.
- PO: Administer before meals.
- Scoops for powdered preparations may not be exchangeable between products.
- Administer other medications 1 hr before or 4–6 hr after the administration of this medication.

Patient/Family Teaching

- Instruct patient to take medication exactly as directed; do not skip doses or double space missed doses.
- Instruct patient to take medication before meals. Mix cholestyramine with 4–6 oz water, milk, fruit juice, or other noncarbonated beverages. Shake vigorously. Slowly stir in a large glass. Rinse glass with small amount of additional beverage to ensure all medication is taken. Mix also mix with highly fluid soups, cereals, or pulp fruits (applesauce, crushed pineapple). Allow powder to sit 1–2 min before mixing. Do not take dry. Variations in the color of cholestyramine do not alter stability.
- Advise patient that this medication should be used in conjunction with dietary restrictions (fat, cholesterol, carbohydrate, alcohol), exercise, and cessation of smoking.
- Explain that constipation may occur. Increase in fluids and bulk in diet, exercise, mild solvents, and ionophores may be required to minimize the constipating effects. Instruct patient to notify health care professional if constipation, nausea, diarrhea, and hemorrhoid pain or itching become severe and if stool softeners and laxatives are required. Instruct patient to notify health care professional if unusual bleeding or bruising; petechiae; or black, tarry stools occur. Treatment with vitamin K may be necessary.
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Evaluation/Desired Outcomes

- Decrease in serum low-density lipoprotein cholesterol levels. Therapy is usually discontinued if the clinical response remains poor after 3 mo of therapy.
- Decrease in severity of pruritus. Relief usually occurs 1–3 wk after therapy is initiated.
- Decrease in frequency and severity of diarrhea.

Why was this drug prescribed for your patient?