colesevelam (koe-le-sev-e-lam)

- Generic Name: Colesevelam
- Classification: Therapeutic: lipid-lowering agents
  Pharmacologic: bile acid sequestrants

- Pregnancy Category: B

**Indications**

Adjunctive therapy to diet and exercise for the reduction of LDL cholesterol in patients with primary hypercholesterolemia. May be used alone or in combination with statins. Adjunctive therapy to diet and exercise for the reduction of LDL cholesterol in children 10–17 yr with homocysteinemia familial hypercholesterolemia if diet therapy fails (LDL cholesterol remains >190 mg/dL or remains >160 mg/dL with family history of premature cardiovascular disease or ≥2 risk factors for cardiovascular disease); may be used alone or in combination with statins. Adjunctive therapy to diet and exercise to improve glycemic control in patients with type 2 diabetes.

**Action**

Binds bile acids in the GI tract. Result in increased clearance of cholesterol. Mechanism for lowering blood glucose unknown. Therapeutic Effects: Decreased cholesterol and blood glucose.

**Pharmacokinetics**

- **Absorption:** Not absorbed; action is primarily local in the GI tract.
- **Distribution:** Unknown.
- **Metabolism and Excretion:** Unknown.
- **Half-life:** Unknown.

**TIME/ACTION PROFILE (cholesterol-lowering effect)***

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>24–48 hr</td>
<td>2 wk</td>
<td>unknown</td>
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</tbody>
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**Contraindications/Precautions**

- **Contraindicated in:** Hypersensitivity, bowel obstruction, triglycerides >500 mg/dL, history of pancreatitis due to hypertriglyceridemia.
  - **C** – Generic name
  - **H** – Generic Implication
  - **O** – Generic Implication

- **Use Cautiously in:** Triglycerides >190 mg/dL, obesity, swallowing disorders, severe GI motility disorders, or major GI tract surgery; OR, Lactation, Pedi: Pregnancy, lactation, or children >10 yr (safety not established).

**Adverse Reactions/Side Effects**

- **GI:** Constipation, dyspepsia.

**Drug-Drug:***

May impair absorption of glyburide, glimepiride, glipizide, lovastatin, olmesartan, phenytoin, cyclosporine, warfarin, and estrogen-containing oral contraceptives (give 4 hr before colesevelam). May ↑ levels of metformin extended-release.

**Route/Dosage**

**Hyperlipidemia**

- **PO (Adults):** 3 tablets twice daily or 6 tablets once daily.
- **PO (Adult and Children 10–17 yr):** Suspension—1.875-g packets twice daily or one 3.75-g packet once daily.

**Type 2 Diabetes**

- **PO (Adults):** 3 tablets twice daily or 6 tablets once daily.
- **PO (Adult and Children 10–17 yr):** Suspension—1.875-g packets twice daily or one 3.75-g packet once daily.

**NURSING IMPLICATIONS**

**Assessment**

- **Hypercholesterolemia:** Obtain a diet history, especially in regard to fat consumption.
- **Type 2 Diabetes:** Observe patient for signs and symptoms of hypoglycemic reactions (tremor, sweating, weakness, dizziness, tachycardia, anxiety).

**Lab Test Considerations:** Monitor serum total cholesterol, LDL, and triglyceride levels before initiating, 4–6 wk after starting, and periodically during therapy.

**Potential Nursing Diagnoses**

- **Constipation/Odor:** Noncompliance (Patient/Family Teaching)

- **Nursing Interventions:**
  - Noncompliance (Patient/Family Teaching)

- **Patient/Family Teaching:**
  - General information
  - Diet modification
  - Importance of follow-up visits
  - Instruct patient to continue therapy indefinitely even if cholesterol returns to normal.

- **Evaluation:**
  - Therapeutic: Decreased cholesterol and blood glucose levels.
Implementation

● Patients stabilized on a diabetic regimen who are exposed to stress, fever, trauma, infection, or surgery may require administration of insulin.

● PO: Administer once or twice daily with meals. Colesevelam should be taken with a liquid. For oral suspension, empty the entire contents of one packet into a glass or cup; add 1/2 to 1 tsp (3 to 8 ounces) of water, fruit juice, or a diet soft drink; do not take in dry form to avoid esophageal distress.

Patient/Family Teaching

● Instruct patient to take medication as directed; do not skip doses or double up on missed doses.

● Instruct patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and consult health care professional before taking other Rx, OTC, or herbal products. Advise patients taking oral vitamin supplementation or oral contraceptives to take their vitamins at least 4 hours prior to colesevelam.

● Instruct patient to consume a diet that promotes bowel regularity. Patients should be instructed to promptly discontinue colesevelam and notify health care professional if severe abdominal pain or severe constipation or symptoms of acute pancreatitis (severe abdominal pain with or without nausea and vomiting) occur.

● Hypercholesterolemia: Advise patient that this medication should be used in conjunction with diet restrictions (fat, cholesterol, carbohydrates, alcohol), exercise, and cessation of smoking.

● Diabetes: Explain to patient that this medication controls hyperglycemia but does not cure diabetes. Therapy is long term.

● Review signs of hypoglycemia and hyperglycemia with patient. If hypoglycemia occurs, advise patient to drink a glass of orange juice or ingest 2–3 tsp of sugar, honey, or corn syrup dissolved in water or an appropriate number of glucose tablets and notify health care professional.

● Insulin is the recommended method of controlling blood sugar during pregnancy. Counsel female patients to use a form of contraception other than oral contraceptives and to notify health care professional promptly if pregnancy is planned or suspected.

● Advise patient to carry a form of sugar (sugar packets, candy) and identification describing disease process and medication regimen at all times.

Evaluation/Desired Outcomes

● Decrease in serum total cholesterol, LDL cholesterol, apolipoprotein, and blood glucose levels.

● Control of blood glucose levels without the appearance of hypoglycemic or hyperglycemic episodes.

Why was this drug prescribed for your patient?