colestipol (koe-les-ti-pole)
Colestid

Indications
Management of primary hypercholesterolemia. Pruritus associated with elevated levels of bile acids. Unlabeled Use: Diarrhea associated with excess bile acids.

Action
Binds bile acids in the GI tract, forming an insoluble complex. Result is increased clearance of cholesterol. Therapeutic Effects: Decreased plasma cholesterol and LDL. Decreased pruritus.

Pharmacokinetics

TIME/ACTION PROFILE (hypocholesterolemic effects)
ROUTE ONSET PEAK DURATION
PO 24–48 hr 1 mo 1 mo

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: Pedi: May cause potentially fatal intestinal obstruction in children. Pregnancy Category UK

Adverse Reactions/Side Effects

Interactions
Drug-Drug: May decrease absorption/effects of orally administered acetaminophen, antidiabetic agents, amiodarone, ampicillin, clindamycin, clonidine, disulfiram, digitals, disulfiram, griseofulvin, corticosteroids, imipramine, metoclopramide, meperidine, meperidine, mezo, niracetam, phenobarbital, phenothiazines, phenytoin, probenecid, pyrazinamide, pyridoxine, quinidine, quinidine, tetracyclines, tolbutamide, thyroxine. May decrease absorption of other orally administered medications.

Route/Dosage
PO (Adults): Granules—5 g 1–2 times daily, may be increased q 1–2 mo up to 30 g/day in 1–2 doses. Tablets—2 g 1–2 times daily, may be increased q 1–2 mo up to 16 g/day in 1–2 doses.

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. Stool Frequency: Assess frequency, amount, and consistency of stools. Lab Test Considerations: Serum cholesterol and triglyceride levels should be evaluated before initiating, frequently during first few months and periodically throughout therapy. Discontinue medication if paradoxical increase in cholesterol occurs. May cause an increase in AST, ALT, phosphorus, chloride, and alkaline phosphatase and a decrease in serum calcium, sodium, and potassium levels. May also cause prolongation of PT.

Potential Nursing Diagnoses
Constipation (Side Effects) Noncompliance (Patient/Family Teaching)
Implementation
● Parenteral or water-miscible forms of fat-soluble vitamins (A, D, 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.
● Colestipol tablets should be swallowed whole; do not crush, break, or chew.

Patient/Family Teaching
● Instruct patient to take medication exactly as directed; do not skip doses or double upon missed doses.
● Instruct patient to take medication before meals. Colestipol can be mixed with water, juice, or carbonated beverages. Slowly stir in a large glass. Rinse glass with small amount of additional beverage to ensure all medication is taken. May also mix with highly fluid soups, cereals, or pity fruits (appleauce, crushed pineapple). Fill powder to oil on fluid and hydrate for 1–2 cm before mixing. Do not take dry.
● Advise patient that the medication should be used in conjunction with diet restrictions (fat, cholesterol, carbohydrates, alcohol), exercise, and cessation of smoking.
● Explain that constipation may occur. Increase in fluids and bulk in diet, exercise, use softeners, and licorice root or be required to minimize the constipating effects.
● Instruct patient to notify health care professional if constipation, nausea, flatulence, heartburn, or black, tarry stools occur. Treatment with vitamin K may be necessary.

Evaluation/Desired Outcomes
● Decrease in serum LDL 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?