Bile Acid Binding Agents (BABA)

Increase elimination of bile acids, drawing more cholesterol out of liver.

Cholestyramine

PK Issues: VERY high dose needed
Alternate to statins during pregnancy

Toxicity: GI - dyspepsia, diarrhea, constipation, bloating, flatulence
- Reduces absorption of other drugs (take other 1hr before or 3 after)

NIACIN = Vitamin B3

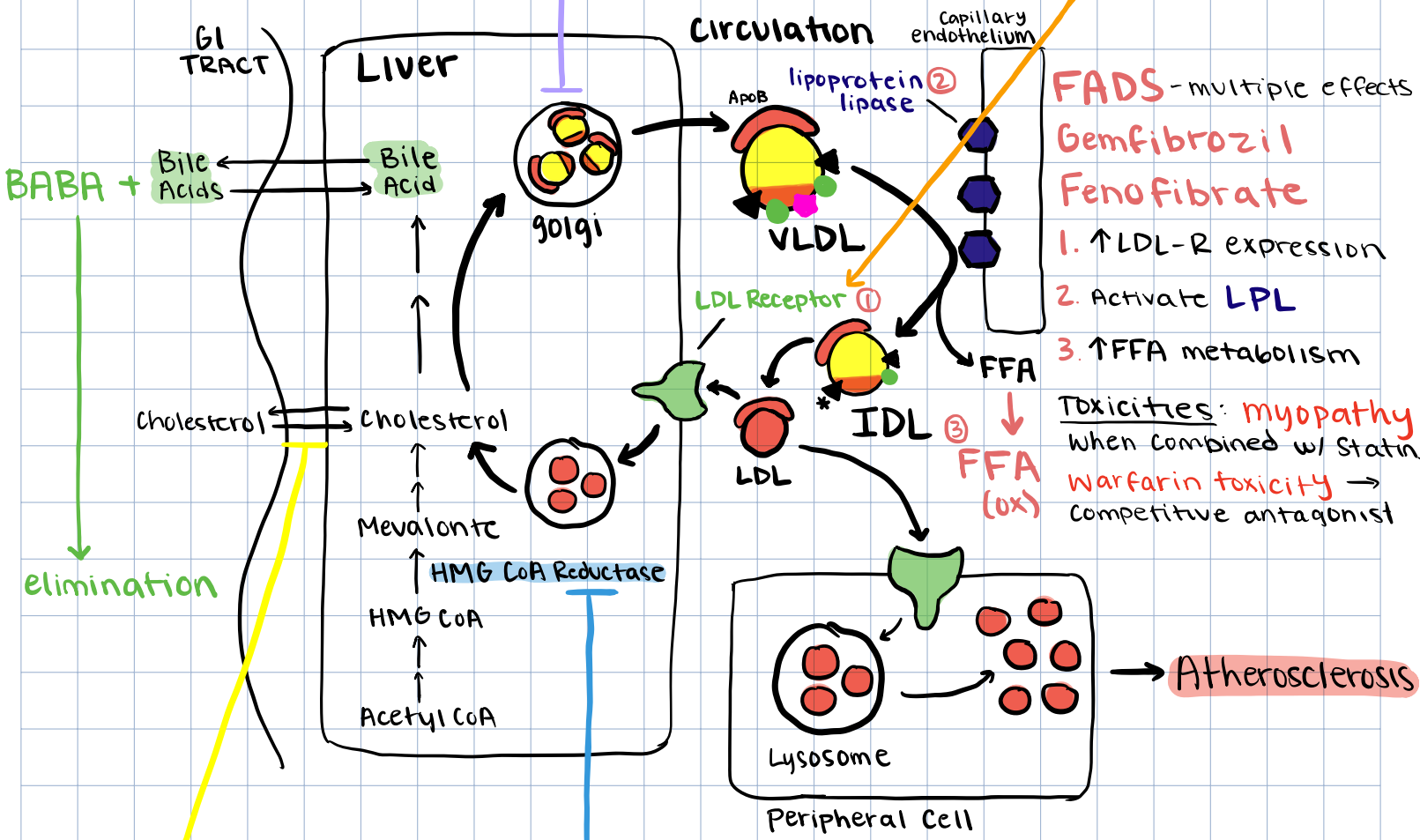
MOA1: inhibit diacylglycerol acetyltransferase and the synthesis of TGs in liver.

MOA2: inhibition of TG synthesis slows release of LDL and VLDL from hepatocytes.

Toxicities: pruritis, insulin resistance, hepatotoxicity

Alirocumab

PCSK9 inhibitors
Promote the uptake of cholesterol into the liver
- PCSK9 induces LDL-R degradation
- biweekly injection



FADS - multiple effects

Gemfibrozil
Fenofibrate

1. ↑LDL-R expression
2. Activate LPL
3. ↑FFA metabolism

FFA → FFA (ox)

Toxicities: myopathy when combined w/ Statin
Warfarin toxicity → competitive antagonist

Ezetimibe

MOA: blocks absorption of cholesterol from the intestines
- also stimulates LDL-R expression

Target: NPC1 cholesterol receptor

STATINS

HMG CoA Reductase inhibitors block the synthesis of cholesterol and increase LDL uptake.

- Liver compensates by increasing LDL-R expression.

high intensity:
- Atorvostatin
- Rosuvastatin
- Simvastatin
- Pravastatin
- Lovastatin

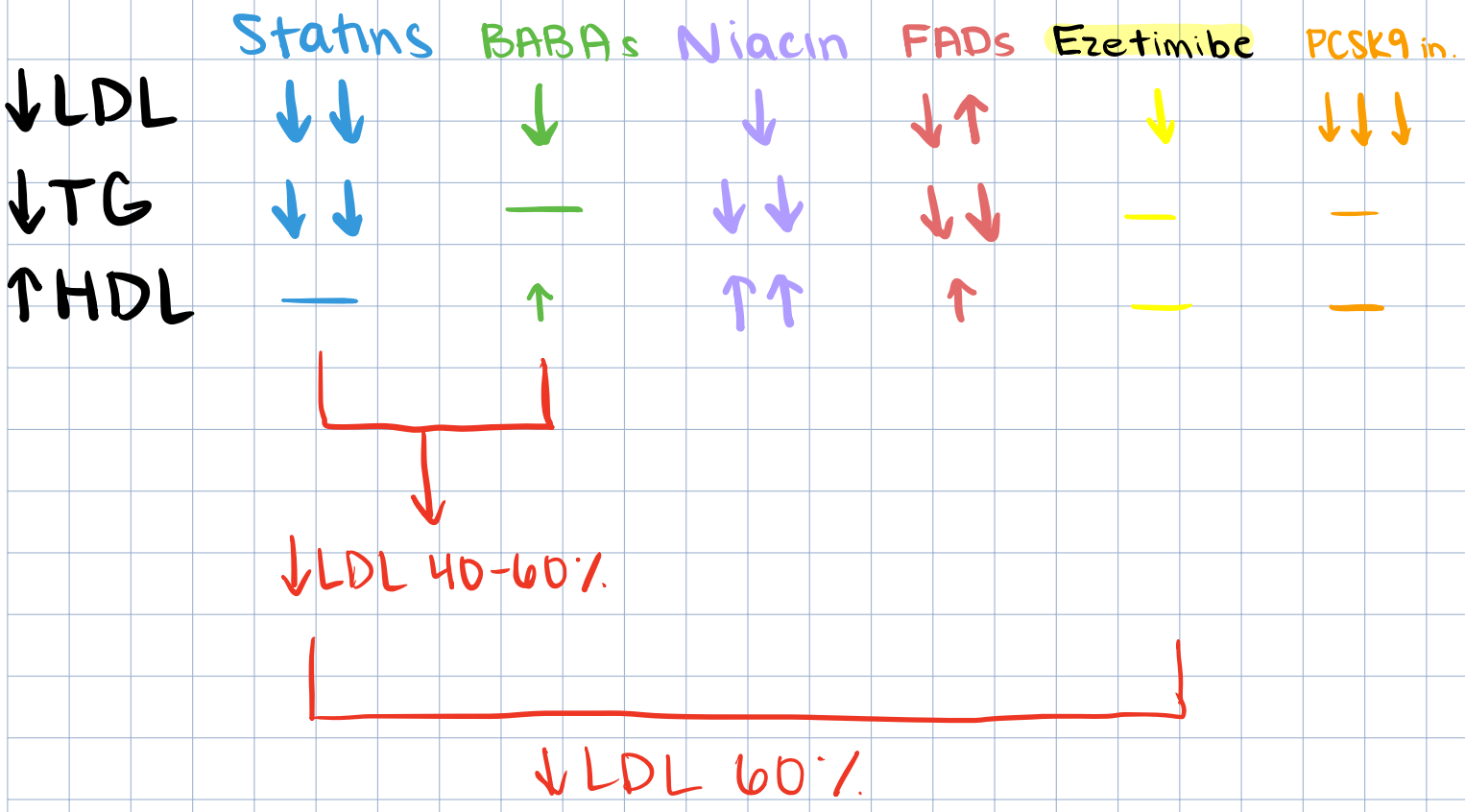
- Cardioprotective benefits:
  - ↑NO production → vasorelaxation
  - Stabilize plaques → ↓thrombosis risk
  - reduce inflammation in atherogenesis
  - ↓platelet activation and VTE risk

Pregnancy Category X

Toxicities: hepatotoxicity, myopathy, drug interactions
CYP3A4 inhibitors inhibit metabolism
- amlodipine (just sim-, ator-, lo-)

Usually Combined
inhibit absorption + inhibit synthesis

SUMMARY


Statins
BABAs
Niacin
FADs
Ezetimibe
PCSK9 in.
↓LDL
↓TG
↑HDL
↓LDL 40-60%
↓LDL 60%