



NIASPAN

Patient Information

Indications

Niaspan is indicated in the treatment of elevated low density lipoprotein (LDL) cholesterol, apo B, and triglyceride levels. It is used in combination with a low fat/cholesterol diet and exercise.

How quickly does Niaspan work?

The change in cholesterol levels is maximal in 3-5 weeks. The effect on cholesterol is dose dependent.

Using the maximum dose:

LDL cholesterol is lowered 18%.

High density lipoprotein (HDL) cholesterol is increased by 32%.

Triglycerides are decreased 36%.

Apo B is lowered by 16%.

Side Effects

The most common side effects are generalized flushing, itching of the skin, headaches, and abdominal discomfort. Flushing is not an allergic reaction and will go away with time.

Flushing may be minimized by:

1. Taking Niaspan at bedtime with a low fat snack.
2. Increasing the dose slowly.
3. Taking ½ - 1 aspirin tablet 30 minutes prior to the Niaspan dose (unless told not to take aspirin, allergy to aspirin, or on coumadin).
4. Avoid alcohol or hot drinks around the time of the Niaspan dose.

Drug Interactions

The following medications may interact with Niaspan:

HMG-CoA Reductase Inhibitors (ie. Zocor, Lipitor, Pravachol, Lescol, Mevacor). If used in combination with Niaspan, monitor for any signs and symptoms of muscle pain, tenderness, or weakness. If these occur, notify your physician immediately.

Colestipol or cholestyramine: separate the ingestion of these and Niaspan by 4-6 hours.

Dose

The dose of Niaspan should be titrated up slowly. Use the following schedule to titrate your dose of Niaspan to the maintenance dose:

Weeks 1 - 4: 500mg at bedtime

Weeks 5 - 8: 1000mg at bedtime

Continue taking 1000mg at bedtime unless your physician tells you differently. Your dose may eventually be titrated up to the maximum dose of Niaspan (2000mg at bedtime).

Lab tests

While taking Niaspan, you will be asked to have blood drawn periodically to check your cholesterol level and your liver function.