BRINGING CLINICIANS TOGETHER TO DISCUSS CURRENT DRUG THERAPY

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The following succinct analysis appeared in Pharmacist's Letter.

INTERACTIONS

New concerns will crop up about an interaction with simvastatin or lovastatin and the direct oral anticoagulant (DOAC), Pradaxa (dabigatran). These combos seem to increase bleeding risk.

Simvastatin or lovastatin might increase Pradaxa absorption and drug levels by inhibiting P-glycoprotein...a transporter protein that pumps drugs out of cells and into the gut, urine, or bile for excretion.

Atorvastatin also seems to inhibit P-glycoprotein...but evidence suggests it doesn’t increase Pradaxa absorption. And other statins (rosuvastatin, etc) don’t seem to inhibit P-glycoprotein.

If you get a simvastatin or lovastatin Rx for a Pradaxa patient, lean toward a different statin or DOAC...especially in renal impairment.

If a patient on warfarin starts an interacting statin...such as simvastatin, lovastatin, or rosuvastatin...advise closer INR monitoring.

Go to our toolbox, Drug Interactions: A Practical Approach, for resources to help with anticoagulant and statin interactions and more.

(For more on this topic, see Clinical Resource #330208 at PharmacistsLetter.com.)


Discussion Questions

Overview of current therapy

1. What is known about statin and direct oral anticoagulant (DOAC) and metabolism and interactions?
Analysis of new study

2. What type of study was this? How were the patients identified and data obtained?

3. How were the case and control patients identified?

4. What were the case-control analysis methods?

5. What were the study results?
6. What were the strengths and weaknesses of this study?

7. Were the results expressed in terms we care about and can use?

How should the new findings change current therapy?

8. Do the results change your practice? How?

Apply the new findings to the following case

J.B. is a 75-year-old white female who presents to your office with her daughter to establish care. Her husband recently passed away, and she has recently moved to the area to be closer to her children. She currently has no complaints and just needs refills of her medications. She has a history of atrial fibrillation, and is taking carvedilol 6.25 mg twice daily for heart rate control and dabigatran 150 mg twice daily for prevention of ischemic stroke. She is taking no other medications chronically, and her past medical history is otherwise unremarkable. She brought a recent copy of her labs with her, and you note a total cholesterol of 230 mg/dL, LDL 147 mg/dL, HDL 45 mg/dL, and triglycerides 190 mg/dL.

Vitals: blood pressure 126/88 mmHg, pulse 62, oxygen saturation 97%, temp 98.2 degrees, BMI 27.

On further discussion, J.B. asks why she needs to continue dabigatran.
9. How do you counsel J.B. regarding her need for anticoagulation?

You discuss that J.B. is taking dabigatran to lower her annual risk of stroke. She agrees that the annual estimated stroke risk of almost 3% is high enough for her to desire continuing dabigatran.

J.B. brings up that her husband passed away after a myocardial infarction and she and her daughter are particularly concerned about lowering her cardiovascular risk. J.B. says that she has been trying to eat a low-cholesterol diet, is walking for 30 minutes three times a week, and has never smoked. But she wonders if she should be taking aspirin or other medications to lower her cardiovascular risk.

You calculate her 10-year risk of atherosclerotic cardiovascular disease (ASCVD) and find it to be 16%.

10. What should you consider based on J.B.’s elevated ASCVD risk?

You discuss that the risks of aspirin likely outweigh its benefits for J.B., but advise starting a statin. J.B. agrees, and you prescribe atorvastatin 40 mg daily.

J.B. returns for a one-month follow-up and is unhappy because the atorvastatin was expensive. The pharmacy recommended lovastatin as a lower cost option. J.B. asks if you will prescribe lovastatin instead of the atorvastatin.

11. What options do you discuss with J.B.?

You discuss these options and J.B. decides to remain on dabigatran and switch to pravastatin.


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Instructions
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