

CYP'n on Grapefruit Juice With Statins – Do We Still Avoid?

There's still debate about **whether patients should really avoid certain statins with grapefruit juice.**

Grapefruit juice is a notorious CYP3A4 inhibitor that interacts with over 85 drugs...including atorvastatin, simvastatin, and lovastatin.

We were taught to tell patients on these meds to avoid consuming grapefruit or its juice...due to concern for increased myopathy risk.

But some data suggest that it's okay to drink grapefruit juice with statins...and may even be beneficial.

Be ready to answer patient questions.

Explain that initial data from 1989 show grapefruit juice increased felodipine levels when it was used to mask ethanol taste.

Since then, we've avoided grapefruit juice with numerous meds. But some data suggest drinking an 8-ounce glass with statins may lower LDL and reduce heart disease risk...withOUT increasing myopathy.

Tell patients that the evidence isn't robust. These small studies involved healthy people in their 20s and 30s and lasted less than a week.

For now, still recommend avoiding atorvastatin, simvastatin, and lovastatin if patients want to drink grapefruit juice regularly. Educate that separating these meds from the juice won't help.

In these cases, suggest switching to a statin that doesn't interact...such as pravastatin or rosuvastatin.

But for an occasional glass, advise monitoring for myalgias, etc.

Keep in mind, other drug-juice interactions may fly under the radar.

For example, goji berry juice can inhibit warfarin's metabolism, possibly increasing INR and bleeding risk. Avoid this combo.

And limited data suggest drinking apple or orange juice with atenolol or fexofenadine can decrease med absorption. But these studies were very small...and gave some participants up to 40 ounces of juice.

Point out that separating these juices with meds by at least 4 hours might avoid this interaction.

Go to *NatMed Pro* for more on juice interactions...and see our chart, *Drug Interactions: Cytochrome P450, P-glycoprotein, and More*, for common substrates, inhibitors, and inducers.

Key References:

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