No

Laboratory Tests should be maintained.
of the teeth resulting in discoloration, erosion of enamel or decay, good oral hygiene suspension in the mouth for prolonged periods may lead to changes in the surface feeding. Drink plenty of fluids and mix each 9 gram dose of Cholestyramine for Oral cholestyramine resin may aggravate hemorrhoids. in patients with symptomatic coronary artery disease. Constipation associated with response is not achieved at one to six doses/day, combination therapy or alternate monitoring of serum lipoproteins. If constipation worsens or the desired therapeutic fluid intake and fiber intake should be encouraged to alleviate constipation and a stool of constipation and of serum lipoproteins, at least twice, 4 to 6 weeks apart. Increased higher. Caution should also be exercised in patients with renal insufficiency or volume form of anion exchange resin, may produce hyperchloremic acidosis. This would folic acid should be considered in these cases. Chronic use of cholestyramine resin may be associated with increased bleeding General

PRECAUTIONS

2) Cholestyramine for Oral Suspension, USP powder is indicated for the relief of treatment guidelines are summarized below. analysis (including LDL-C determination) should be carried out once a year. The NCEP available then Total-C alone may be used to monitor long-term therapy. A lipoprotein For TG levels > 400 mg/dL, this equation is less accurate and LDL-C concentrations cholesterol, HDL-C and triglycerides (TG). For individuals with TG less than 400 mg/dL prior to initiating therapy with cholestyramine resin, secondary causes of restriction for weight normalization should be addressed prior to drug therapy in the therapy with lipid-altering agents should be a component of multiple risk factor progression and increased the frequency of regression of coronary atherosclerotic measures (diet, placebo or in some cases low dose resin) or intensive combination clinical trials, patients were treated for two to four years by either conventional randomized controlled clinical trials using coronary arteriography, cholestyramine plus cholestyramine resin (p<0.02). The mean absolute width of coronary segments care patients, 15% of patients on lipid-lowering diet and 12% of those receiving diet follow-up coronary arteriography revealed progression of disease in 46% of usual men with CAD were randomized to three blinded treatments: usual care, In the St. Thomas Atherosclerosis Regression Study (STARS) resultant decrease in pruritus. In patients with partial biliary obstruction, the reduction of serum bile acid levels by the increased fecal loss of bile acids due to cholestyramine resin administration leads very small amounts of bile acids are found in normal serum.

CLINICAL PHARMACOLOGY

Inactive ingredients: Cholestyramine for Oral Suspension, USP powder contain 4 grams of cholestyramine resin. It is represented by Cholestyramine resin is quite hydrophilic, but insoluble in water. Cholestyramine exchange resin, a cholesterol lowering agent, is intended for oral administration. DESCRIPTION

Lab Results

Risk Factors

LDL-Cholesterol mg/dL (mmol/L)

≥1.6 mmol/L

2.3

Yes

No

Clinical Studies

LDL-C which exceeded those for diet and placebo measures (diet, placebo or in some cases low dose resin) or intensive combination

1. Cholestyramine for Oral Suspension, USP powder is indicated as adjunctive therapy

2. Cholestyramine for Oral Suspension, USP powder is indicated for the relief of

3. Considerations

Comparison

Clinical Studies

In patients with partial biliary obstruction, the reduction of serum bile acid levels by the increased fecal loss of bile acids due to cholestyramine resin administration leads very small amounts of bile acids are found in normal serum.
The LRC-CPPT showed a dose-related increase in serum triglycerides of 10.7% to 17.1% in the cholestyramine-treated group, compared with an increase of 7.9% to 8.9% in the placebo group. The LRC-CPPT showed a dose-related increase in serum triglycerides of 10.7% to 17.1% in the cholestyramine-treated group, compared with an increase of 7.9% to 8.9% in the placebo group.

The incidence of cause-specific mortality or cancer morbidity between cholestyramine and placebo groups at the end of the study was not significantly different. The absolute incidence of malignancy in the cholestyramine group was 16.1% and in the placebo group it was 12.7%.

The total incidence of fatal and non-fatal neoplasms was similar in both treatment groups. The incidence of all neoplasms in the cholestyramine group was 20.4% and in the placebo group it was 17.2%.

The relevance of this laboratory observation from studies in rats to the clinical use of cholestyramine resin remains to be determined. In studies conducted in rats in which cholestyramine resin was used as a tool to study the effects of high fat diets on the gastrointestinal flora, in the development of intestinal tumors induced by potent carcinogens, the incidence of tumors was 20% in the cholestyramine group and 5% in the control group.

Cholestyramine resin may delay or reduce the absorption of concomitant oral preparations, estrogens and progestins and digitalis. Interference with the absorption of these and other drugs has been demonstrated in vitro. However, with the usual oral doses of these drugs, interference with their absorption is unlikely to be of clinical significance.

Cholestyramine resin is recommended that patients take other drugs at least 1 hour after or 4 to 6 hours before administration of cholestyramine resin. Since cholestyramine resin may bind other drugs given concurrently, it is recommended that patients take other drugs at least 1 hour before or 4 to 6 hours after administration of cholestyramine resin. The discontinuance of cholestyramine resin may delay or reduce the absorption of concomitant oral preparations, estrogens and progestins and digitalis. Interference with the absorption of these and other drugs has been demonstrated in vitro. However, with the usual oral doses of these drugs, interference with their absorption is unlikely to be of clinical significance.

The use of cholestyramine resin in the treatment of hypercholesterolemia in patients with gallstones has been reported. However, the efficacy of this use has not been established.

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