

Cardiovascular Risk Management Medication Algorithm

This document describes the drug intervention portion of the clinician education presentation: Secondary Cardiovascular Risk Reduction Strategies

POPULATIONS:

AAA
CAD
CKD
CVA/TIA
PAD
DM (ACE-I >55yrs; ASA, Statin >40yrs)*

ASA

ASA	81 mg daily
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Alternate: Consider **Clopidogrel** in CAD, PAD if intolerant to ASA.

ACE-I

Lisinopril	10mg daily
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! **Use Caution:**
 If creat >2.5 or K+ >5.5

Alternate: If DM w/ Microalbuminuria, HF, or CKD, use **ARB** if ACE-I intolerant.

STATIN

Simvastatin	40mg daily
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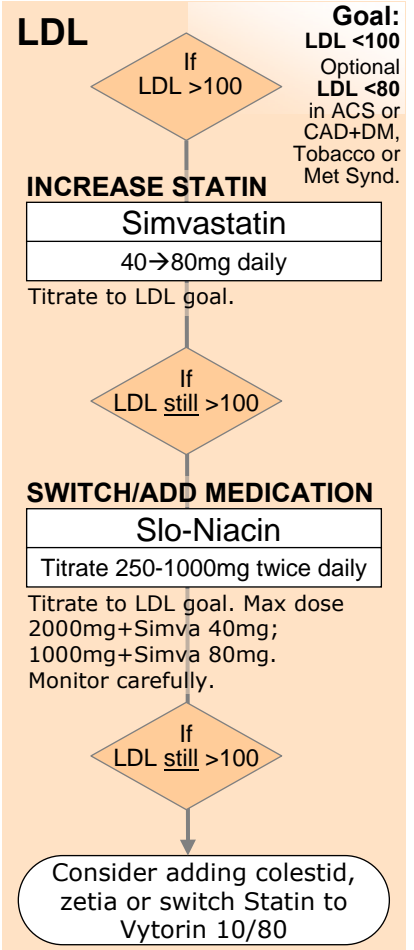
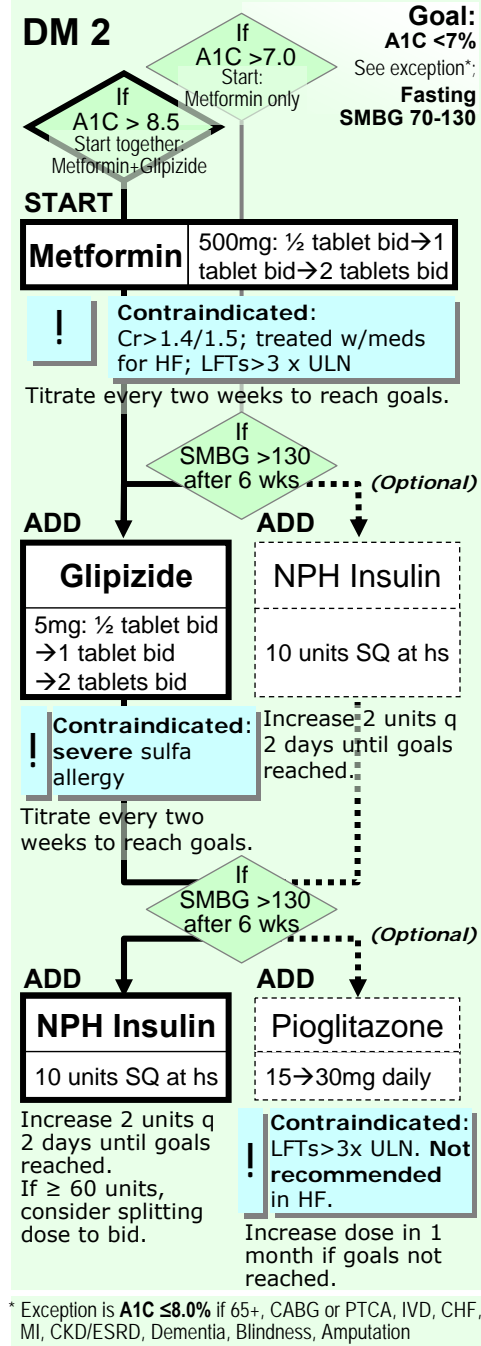
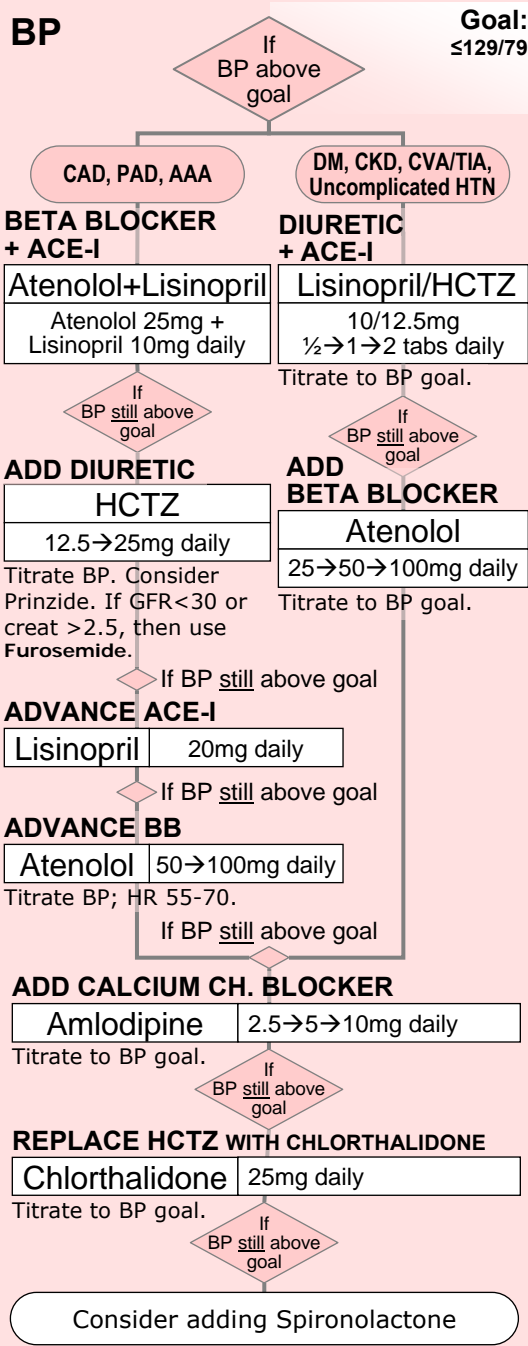
Give statin regardless of LDL. If GFR<30 reduce initial dose.

BETA BLOCKER (FOR CAD/PAD/AAA)

Atenolol	25mg daily
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! **Use Caution:**
 Bradycardia <55, severe asthma, hypotension

Alternate: If HF or LVEF<40%, use **Carvedilol** or **Bisoprolol**. If creat>2.5, use **Metoprolol**.



Adapted from KPNC Clinical Practice Guidelines for: **Secondary Prevention of CAD & Atherosclerotic Diseases**

Refer to the complete condition-specific guidelines in cholesterol, diabetes and hypertension for individual protocols for medication use, contraindications, possible side effects and lab monitoring.

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Cardiovascular Risk Management Medications and Lab Chart

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Medication	Dosage forms	Initial Dosage	Titration	Max. Recommended Dose	Full Effect	Baseline Labs	Titration	Lab Monitoring
ACE Inhibitor Lisinopril (Prinivil®)	Tab 5, 10, 20, 40 mg	5-10mg daily	Increase by 50-100% q 2-4 wks	40mg daily	2-4 wks	K+ and Cr within last 6 months	K+ and Cr 1 wk after initiation. K+ 2 wks after dosage change	K+ and Cr yearly
ACE-I/Diuretic Lisinopril / HCTZ (Prinzide®)	Tab 10/12.5, 20/12.5, 20/25 mg	10/12.5mg daily	Double the dose q 2-4 wks	20/25mg daily	2-4 wks	K+ and Cr within last 6 months	K+ and Cr 1 wk after initiation. K+ 2 wks after dosage change	K+ and Cr yearly
Diuretic Hydrochlorothiazide, Chlorthalidone (Hydrodiuril®, Esidrix®, Hygroton®)	Tab 25, 50, 100 mg	12.5mg daily	Double the dose	25mg daily	4-6 wks	Na+, K+ and Cr within last 12 mo	Na+, K+ and Cr 2-4 wks after initiation or dosage change	Na+, K+ and Cr every 6 months
Oral agent for DM 2 Glipizide (Glucotrol®)	Tab 2.5, 5, 10 mg	5 mg daily	Increase by 100% q 2-4 wks	20mg twice daily	1-2 wks	None	None	
Metformin (Glucophage®)	Tab 500, 850, 1000 mg	250mg twice daily	Increase by 50-100% q 2 wks	850mg 3xdaily or 1000mg twice daily	2-4 wks	Creat, CBC, ALT	Do not use if Creat >1.5 in males, >1.4 in females. Not recommended in HF.	Creat, CBC, ALT yearly; A1C 2-3x yr
Pioglitazone (Actos®)	Tab 15 mg	15mg daily	Double the dose q 4 wks	30mg daily in combo; 45mg daily in mono tx	4-6 wks	ALT	ALT every 3 months for first year, then periodically	ALT, A1C 2-3x yr
Statin Simvastatin (Zocor®)	Tab 40, 80 mg	40mg daily at bedtime	Double the dose q 6-8wks	80mg daily at bedtime	4 wks	ALT, CK, Creat	ALT 4-8 wks after initiation or dosage change	ALT Periodically
Controlled-Release Niacin (Slo-Niacin®)	Tab 250, 500, 750 mg	250mg daily with food at bedtime	Increase dose by 250mg every four weeks. Divided twice daily dosing	1000mg+Simva 80mg; 2000mg+Simva 40mg daily	4 wks	ALT, CK, Uric Acid, FBS	ALT, FBS 4-8 wks after initiation or dosage change	ALT Periodically
Ezetimibe / Simvastatin (Vytorin®)	Tab 10/10, 10/20,10/40, 10/80 mg	10/40 or 10/80 daily in evening	Double the dose q 6-8 wks	10/80 mg daily in evening	4 wks	ALT, CK, Creat	ALT 4-8 wks after initiation or dosage change	ALT Periodically
β1 blockade Atenolol (Tenormin®)	Tab 25, 50, 100 mg	25mg daily	Increase by 50-100% q 1-2wks	100mg daily or 50mg twice daily	1-2 wks	None	Titrate to pulse 55-70	None
Metoprolol (Lopressor®)	Tab 25, 50, 100 mg	50mg twice daily	Increase by 50-100% q 1-2wks	100mg twice daily	1-2 wks	None	Titrate to pulse 55-70	None
Calcium channel blocker Amlodipine (Norvasc®)	Tab 2.5, 5, 10 mg	2.5-5mg qd	Increase by 5mg q 2wks	10mg (1)	2-4 wks	None	None	None

