



## The Niacin Debate Continues: Higher Doses, Please

In past editorials, I've discussed the numerous benefits of using niacin as a lipid lowering agent.

First, I discussed its effectiveness in comparison to the latest pharmaceutical blockbuster ("Raising High-Density Lipoprotein Levels: Out with the New, In with the Old?" in the March 2007 issue). Later, I discussed how concerns of niacin's effect on patients with diabetes—namely that niacin will exacerbate the diabetic state and make glycemic control much harder to achieve—are outweighed by its potential benefits ("Niacin for Patients with Diabetes?" in the December 2008 issue). Well, I continue to be concerned over what I believe to be the massive, systematic underdosing of life saving medications, including those used to treat diabetes, hypertension, and even angina and heart failure. In this editorial, however, I'd like to focus on the fact that, even when niacin is prescribed, it is in doses that are too small.

Niacin is truly a standout star among lipid lowering medications. No other drug can lay a glove on niacin in terms of its effectiveness in raising high-density lipoprotein cholesterol levels. Niacin also can be used to lower triglyceride and low-density lipoprotein cholesterol (LDL) levels—although higher doses of statins may be more effective.

In view of niacin's important benefits, why do so many clinicians prescribe this medication in pathetically small doses? The answer is that some prescribers do not understand that the principal adverse reactions of niacin, the flushing and associated pruritus, are not dose-related phenomena. Basically, the flushing and itching will occur to the same extent and sever-

ity whether the patient is prescribed an initial timid dose of 25 mg or a more forthright dose of 500 mg. I can hear some of you out there shuddering now—500 mg as a starting dose? Yes, absolutely. Since either a small or larger dose will create the same amount of flushing in a patient, why not begin with a dose that actually has a meaningful impact on serum lipid levels? And please feel free to rapidly ramp that niacin dose up to 1,000 mg twice per day, a respectable dose that is expected to have significant effects on all of the major lipid parameters. You always can increase the dose as needed, up to a final dose in the range of 6 to 8 g per day.

The same general principles hold true for the most widely prescribed lipid lowering drugs, the statins. Just as an inordinate and unjustified fear and loathing of adverse effects has led to ridiculous underdosing of niacin, so too have statins routinely been prescribed in doses that are way too small. For reasons that remain difficult for me to fathom, a great number of prescribers feel they are doing their patients a favor by prescribing these wonderful medications in suboptimal doses. Yes, statins do have hepatic and myopathic adverse effects, but the frequency of these complications is remarkably low overall and therapeutic timidity fails to provide patients with the full measure of cardiovascular protection that niacin and statins can offer when prescribed in appropriate doses.

Careful readers will note that I have referred to these errant clinicians in a rather circumspect fashion, as rogue prescribers who perhaps practice down the street or maybe in the next village. What I have done, of

course, is try to give each and every one of you the benefit of the doubt because you are probably entitled to it. It wasn't you who failed to get that diabetic patient's LDL level below 100 mg/dL, was it? It wasn't you who held back rather than push that statin dose high enough to get that LDL level below 70 mg/dL in that fellow with three previous myocardial infarctions, was it? I didn't think so. But please do what you can to get your colleagues to be as aggressive as possible when prescribing these critical lipid lowering medications. Your efforts might even save a life or two along the way.

Thanks for putting up with today's sermon. ●

### Author disclosures

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