Across
6. What ADR are you concerned about if a patient taking simvastatin and niacin complains of muscle aches, weakness or tenderness?
10. MT is a 60 yo WM who has hypertriglyceridemia (TG=400mg/dL), HTN and diabetes. This patient has:
11. With this lipid drug, most medications need to be separated from it by 2 hours because of drug interactions.
12. This is considered a CHD risk equivalent.
13. The risk for this disease increases with elevated TGs.

Down
1. NH is a 60 yo BM with hypertension and osteoarthritis. You review his lipid panel which reveals: TC=200mg/dl, HDL 35mg/dL, LDL=90mg/dL, TG=120 mg/dL. What lipid drug would you recommend for his dyslipidemia?
2. PL is a 34 yo BM who comes to the pharmacy clinic for review of his lipid panel. His only risk factor is that he smokes 1ppd. The results are: LDL 140 mg/dL, HDL=35 mg/dL, TG=600mg/dl. What lipid drug could you recommend to address his dyslipidemia?
3. Another name for TG/5
Across
15. The goal LDL for secondary prevention is <________?  
17. How long after starting lipid treatment should an LDL be checked? (weeks)

Down
4. This lipid drug (generic) is neither a cytochrome p-450 inducer or an inhibitor, making it virtually free of drug interactions. (so far)  
5. This lipoprotein is affected by food  
7. This is a major risk factor for developing coronary heart disease.  
8. What monitoring parameter is essential to obtain before starting a "statin" on a patient?  
9. JP is a 45 yo WF with familial dyslipidemia. Her PMH includes CHF and HIV. Her meds include vasotec 10mg po qd, lasix 20mg qd, atenolol 50mg qd, combivir 1 tab bid, crixivan 800mg q8h. Which "statin" should you start her on? (generic)  
14. This lipoprotein is a predictor of CV mortality and morbidity  
16. "Good" cholesterol