

Information for patients and carers

Colesevelam

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue. The top band is a light blue, the middle is a medium blue, and the bottom is a dark blue.

Why am I taking colesevelam?

You are taking colesevelam because you have been diagnosed with a condition called bile acid malabsorption. We have also provided you with an information leaflet explaining this condition. Colesevelam is a bile acid sequestrant medication that works by binding excess bile salts in the small bowel, which helps to prevent watery diarrhoea.

Cholestyramine (your previous medication) has either failed to improve your symptoms or given you intolerable side effects.

When you are taking an adequate dose of colesevelam, it should:

- Regulate your bowel function and improve your stool consistency
- Reduce the need to rush to have your bowels open
- Reduce the number of times you need to have your bowels opened
- Give you better control over your bowel function

Colesevelam is a bile acid sequestrant medication which is currently only licensed in the UK to treat high cholesterol by binding bile salts in the bowel.

It can be used for other conditions like bile salt malabsorption. However, because it is only licensed for the treatment of high cholesterol, the drug manufacturer's liability in the UK may be limited if a patient taking the drug for another condition developed a serious problem because of taking it.

How much do I need to take?

Most people need to take six tablets a day and find that colesevelam does not cause any major problems. Rarely, as the dose builds up, it can cause bad abdominal pains or severe headaches. So, we suggest you gradually increase the dosage over the first six days.

How should I take colesevelam?

We would like you to start taking the colesevelam tablets as we describe here until you are taking six tablets a day and then continue that dose.

We appreciate that it is quite a big tablet but the medication becomes **ineffective if cut** or broken into smaller pieces and if you do this it is also very likely to cause you severe abdominal pain.

The drug manufacturer advises colesevelam should be taken 4 hours before, or after, other drugs. If you take multiple medications, please speak to your pharmacist about spacing out your medications suitably.

Day 1

Take one colesevelam tablet with your main meal.

Day 2

Take one colesevelam with your main meal and a one tablet with another meal.

Day 3

Take one colesevelam tablet with your breakfast, one tablet with your lunch and one tablet with your evening meal.

Day 4

Take one colesevelam tablet with breakfast, one tablet with lunch and two tablets with your evening meal.

Day 5

Take one colesevelam tablet with breakfast, two tablets with lunch and two tablets with your evening meal.

Day 6

Take two colesevelam tablets with breakfast, two tablets with lunch and two tablets with your evening meal. Continue with this regime.

If you find your symptoms settle and stay normal on a dose lower than six tablets a day, then it is fine to stay on that lower dose and not increase up to six tablets a day.

If new severe abdominal pains or headaches begin soon after starting colesevelam, the drug may be causing these symptoms. Reduce the

dose to the level at which you last had no problems and then after a couple of days try and increase the dose again more gradually. Most people find they do not have a problem the second time.

If you only have two meals a day, it is fine to take three tablets with each of those two meals rather than the two tablets with each of three meals described above, but we would also advise that you build up the dose slowly over a few days rather than starting on a full dose immediately. If you have built up to a stable dose of colesevelam and find it difficult to remember to take divided doses, you may take all six tablets at one time, once during the day, with a meal.

Are there any side effects?

Colesevelam works much better and has fewer side effects if you take it with meals, rather than on an empty stomach or after meals.

As the tablet is quite a new drug, we have less information about its long-term safety. However, as it works in a similar way to the powders (cholestyramine) and is not absorbed from the bowel, it seems likely it will have a similar safety record to the powders. So far, there are no concerns at all about the long-term safety of the tablet.

The potential side effects that are commonly reported are, constipation, flatulence, gastrointestinal discomfort, headache, nausea and vomiting. These potential side effects are the same as those for cholestyramine.

All forms of bile acid sequestrants may lower cholesterol levels when taken for a long time.

There are a further three possible side effects:

- Because colesevelam interferes with the way fat soluble vitamins get into the body, you will need a blood test after three months and then annually to check the levels of vitamins A, D, E and K. If your vitamin levels fall, this can be corrected with a supplement prescribed by your doctor. Vitamin B12 levels should also be checked annually.
- All forms of bile acid sequestrants may lower cholesterol levels when taken for a long time. Although generally beneficial, these

medicines can occasionally lead to increases in a different sort of fat (triglycerides) in the blood. Because very high levels of triglycerides may be harmful their levels should also be checked annually.

- Occasionally, colesevelam interacts with other medicines and reduces their effectiveness. This is particularly important if you are taking medicines where a small change in the dose entering the body could be very serious. Such medicines include those taken for epilepsy; to control heart rhythm abnormalities; chemotherapy; thyroxine; combined oral contraceptive pills; and blood thinners. So, it is important to tell your pharmacist about all other medication that you are taking. Your pharmacist will then be able to help you schedule your timetable for taking all your tablets to reduce the risk of this happening. If you are taking a statin or ezetimibe to lower your cholesterol, these can be taken at the same time as colesevelam

What will happen if I stop taking colesevelam?

You should keep taking the medicines for 10 days at the minimal dose (one tablet per day) before deciding they do not work. If you stop sooner, you may not have given them enough time. It is very unlikely, having had a diagnosis of bile salt malabsorption, it will improve without treatment. You will need treatment for the rest of your life. If the treatment is effective and you stop it or run out of medicines, your symptoms will almost certainly return either immediately or within a few days.

How soon will my symptoms improve?

It can take several days before diarrhoea starts to improve. It often takes several weeks for unpleasant wind to settle.

The information in this leaflet has been adapted from two original documents from the Royal Marsden NHS Foundation Trust with their permission.

Contact details

Should you require further advice or information please contact:

Radiotherapy Reception **(01772) 522923**

Appointments **(01772) 522931**

Transport **(01772) 522295**

If you would like to watch a short information video about radiotherapy, please scan the QR code below.



Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

Stop smoking services

<https://www.nhs.uk/better-health/quit-smoking/find-your-local-stop-smoking-service/>

Macmillan at Rosemere Cancer Centre

<https://tinyurl.com/38z3d2fy>

(01772) 523709

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come to hospital and will offer you support and advice about stopping smoking this will include Nicotine Replacement Therapy to help manage your symptoms of withdrawal and the opportunity to speak to a nurse or advisor from the specialist Tobacco and Alcohol Care Team.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

www.lancsteachinghospitals.nhs.uk/cancer-patient-information-leaflets

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REASON FOR CHANGE

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1	N/A	Initial issue in Q-pulse (IL-PC-030)	23/07/2024 DH / RR