

Medication & Supplement Review

EXAMPLE ONLY -- THIS CLIENT IS NOT REAL. This shows the format and depth of a real MyTraitRx review. It is not a real person's results. Nothing in it is a recommendation for you. Your own review would be based on your list, your health history, and your lab results.

Please read this first. This summary is for learning only. It is not a diagnosis, not a prescription, and not a treatment plan. It does not replace your own doctor or clinician. Do not start, stop, or change the dose of any drug or supplement because of this review. Talk to your prescriber first -- that is, the clinician who prescribed your drug.

What was reviewed

I went through everything on your list. You are 58, and this covers prescriptions, supplements, and the products you use only some of the time. That last group is where the real problems usually hide.

Prescription drugs	Dose and timing	Why it is taken
Atorvastatin	20 mg, once a day	Cholesterol
Lisinopril	10 mg, once a day	Blood pressure
Sertraline	50 mg, once a day	Mood and anxiety

Taken as needed / other	How it is used	
Ibuprofen 200 mg	As needed, a few times a week	Knee pain
Salt substitute (potassium chloride)	Each day, in cooking	To cut down on salt

Supplements	Dose and timing	Why it is taken
Multivitamin	Each day (vitamin D3 1,000 IU)	General health
Vitamin D3	5,000 IU, each day	Bone health
Calcium + vitamin D3	1,000 mg calcium + 1,000 IU D3, each day	Bone health
Fish oil	1,000 mg, each day	Heart health
Red yeast rice	1,200 mg, at night	Cholesterol

START HERE -- the three most important items

1. Before your next atorvastatin refill, ask your prescriber about the red yeast rice. It is the clearest problem on this list.
2. Get your vitamin D and calcium levels checked. You are at about 7,000 IU of vitamin D a day from three products, and no one has checked a level in over two years.
3. Bring the whole list to your next visit -- ibuprofen and the salt substitute included. Neither one usually makes it onto a prescription list, and both matter here.

Findings

FINDING 1

Vitamin D, counted three times -- and never checked

When I added up the vitamin D in this list, I got about 7,000 IU a day. The multivitamin has 1,000. The vitamin D pill has 5,000. The calcium pill adds another 1,000. Nobody had added them together. Each bottle looks fine on its own.

Most adults should not go over 4,000 IU a day unless a clinician says otherwise, and vitamin D sticks around in body fat, so it builds up. Too much over time can push blood calcium too high. And here is the part that bothered me most: no one has checked a vitamin D level in more than two years. We would be setting the dose without the one test that should set it.

So before anything changes, get the level checked -- vitamin D and calcium both -- and then pick one product at a dose that fits the result.

FINDING 2

Red yeast rice: the one I would deal with first

Red yeast rice contains monacolin K, which is the same active ingredient as lovastatin, a prescription cholesterol drug. So on top of atorvastatin, you are effectively taking a second statin -- one that is not standardized, is not tracked, and varies from bottle to bottle. Some batches have even turned up with citrinin, a contaminant you do not want.

I would talk to your prescriber about stopping the red yeast rice. Not the atorvastatin. That is the drug we can monitor. The red yeast rice is the extra.

FINDING 3

Ibuprofen, lisinopril, and sertraline together

Ibuprofen only shows up as needed, a few times a week for a sore knee. That still counts. With lisinopril it can push blood pressure up and strain the kidneys, and with sertraline it adds bleeding risk. Three separate problems, one little pill.

A better plan for the knee is worth a conversation -- acetaminophen (Tylenol) kept to a safe total for the day, a diclofenac gel rubbed right on the knee, physical therapy, or some mix of those. Your prescriber should pick the version and the amount.

FINDING 4

The salt substitute is the sneaky one

Most salt substitutes are potassium chloride -- potassium, not salt. Lisinopril already tends to raise potassium, so the two together can push it too high, especially if kidney function is not what it used to be. Nobody thinks of a shaker on the counter as something that belongs on a medication list, which is exactly why it gets missed.

Ask about a potassium check and a kidney check, and whether the substitute should stay. Just do not stop the lisinopril to solve it.

FINDING 5

Fish oil: worth knowing about, not worrying about

Fish oil at 1,000 mg a day nudges bleeding risk up a little. On top of sertraline -- and ibuprofen on the days it is taken -- that is worth knowing about, not worrying about. Mention it before surgery or dental work, and flag unusual bruising or nosebleeds. On its own, this one does not need a change.

What looks fine

Not everything here is a problem, and I do not want this to read like it is. Atorvastatin and fish oil are fine together at these doses. Calcium with vitamin D makes sense as a pair -- the trouble is the total dose, not the combination. And a basic multivitamin on its own is fine. It is the stacking that causes trouble.

To discuss with your prescriber

- [] Should red yeast rice be stopped?**
- [] Can we check vitamin D and calcium, then use one vitamin D product?**
- [] Should potassium be checked, since I use a salt substitute and take lisinopril?**
- [] What is a knee pain plan that does not rely on ibuprofen a few times a week?**
- [] Is there any bruising or bleeding I should report, since I take fish oil and sertraline?**
- [] How should blood pressure and kidney function be tracked on this list?**

If a supplement is changed

- Change one product at a time. Give it time before you change another. That way, you can tell which change caused an effect.
- Read the full ingredient list, not just the front of the bottle. Duplicates usually hide in combo products. Vitamin D in three products is how this list reached 7,000 IU a day.
- Write down the product, the dose, and the start date. Your prescriber needs that record if a symptom shows up later.
- Nothing here is an emergency. Ask about red yeast rice before the next refill. The rest can wait for a routine visit. But a new, severe, or worrying symptom goes to your prescriber or urgent care. Do not try to fix it by changing a supplement.
- Do not stop sertraline, lisinopril, or atorvastatin all at once. Stopping prescription drugs suddenly can cause harm, and sertraline in particular can cause withdrawal symptoms if stopped fast. Any change goes through your prescriber.

This summary is for learning only. It is not a diagnosis, a prescription, or a treatment plan. It does not replace your own doctor or clinician. Review it with the clinician who manages your health before you make any change. Dr. Lauren Cherrier, PharmD, is a licensed pharmacist and holds active pharmacist licensure in Kentucky, Arizona, Indiana, and Florida. She is not the patient's treating physician. MyTraitRx provides pharmacist-led health education and consulting and does not diagnose or prescribe.

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