

# CARDIOVASCULAR CENTER POCKET GUIDE

## Treatment of Lipids

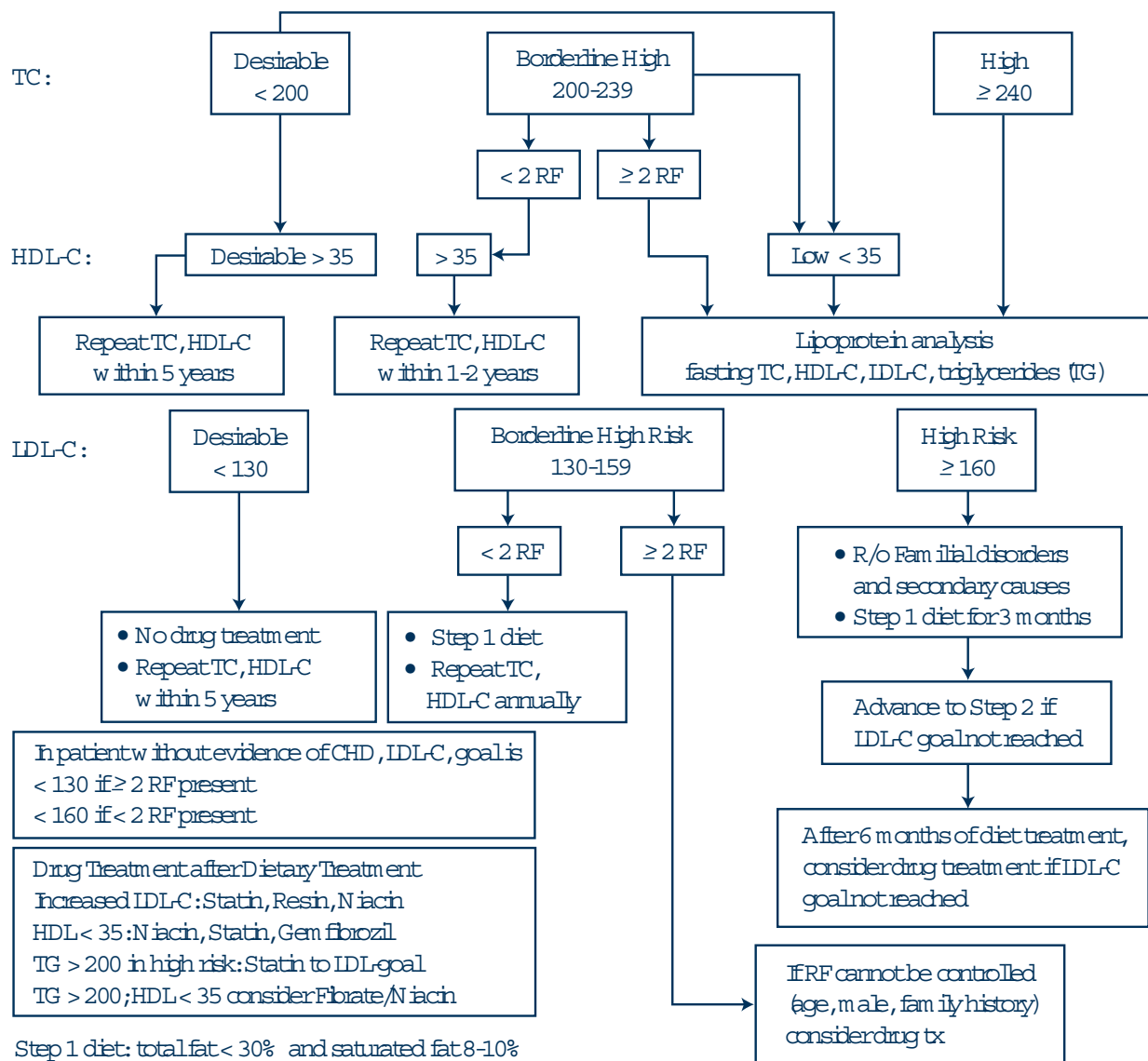


No CHD or Other Atherosclerotic Disease

Measure non-fasting total cholesterol and HDL-C

Assess Risk Factors (RF)

- Age: Male  $\geq 45$  years; Female  $\geq 55$  years or postmenopausal w/o estrogen replacement tx
- Family h/o premature CHD: Male MI  $< 55$  years; Female MI  $< 65$  years
- HDL-C  $< 35$  mg/dL
- Hypertension
- Current smoker
- Diabetes
- Positive RF: HDL-C  $\geq 60$  (subtract one RF from analysis)



In patient without evidence of CHD, LDL-C goal is  $< 130$  if  $\geq 2$  RF present  
 $< 160$  if  $< 2$  RF present

Drug Treatment after Dietary Treatment  
Increased LDL-C: Statin, Resin, Niacin  
HDL  $< 35$ : Niacin, Statin, Gemfibrozil  
TG  $> 200$  in high risk: Statin to LDL goal  
TG  $> 200$ ; HDL  $< 35$  consider Fibrate/Niacin

Step 1 diet: total fat  $< 30\%$  and saturated fat 8-10% of total calories  $< 300$  mg cholesterol per day

Step 2 diet: total fat  $< 30\%$  and saturated fat  $< 7\%$  of total calories;  $< 200$  mg cholesterol per day

Faculty Lead: M Rubenfire

Reference: Expert panel on detection, evaluation and treatment of high blood cholesterol in adults. Summary of the second report of the National Cholesterol Education Program Expert Panel (Adult Treatment Panel II).

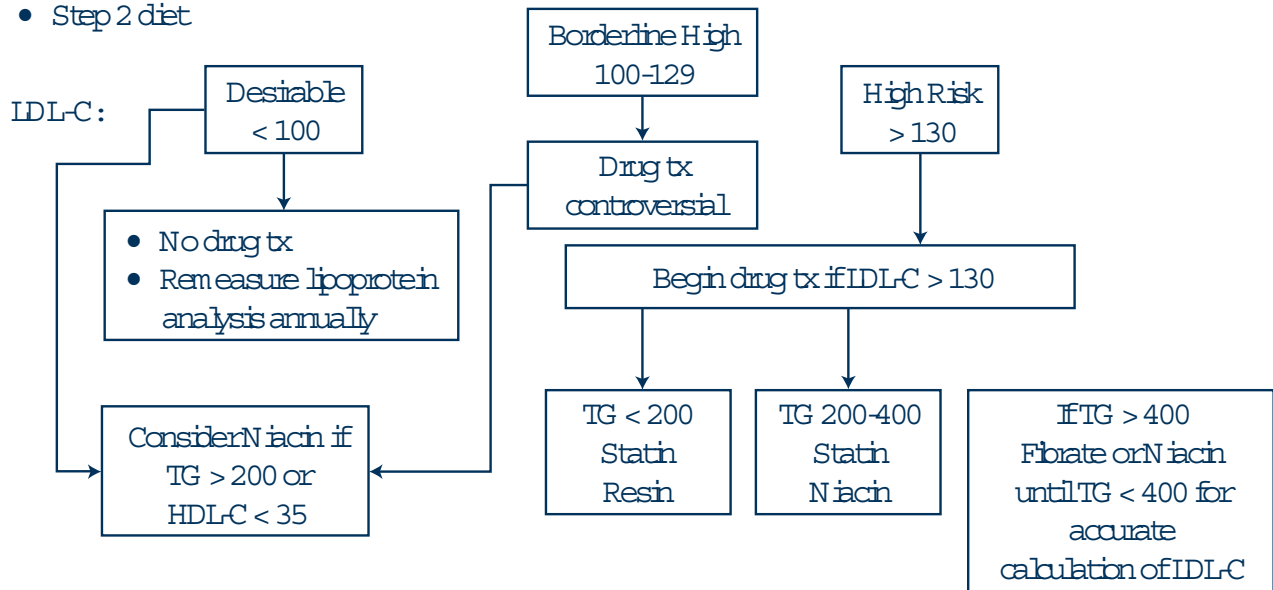
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CHD or OTHER ATHEROSCLEROTIC DISEASE\*

Fasting lipoprotein analysis

- R/o familial disorders and secondary causes of abnormal lipids
- Step 2 diet

In patient with CHD, goal LDL-C is < 100  
Secondary goals: HDL-C > 35 and TG < 150



Medication	Dosage	Side Effects	Caution
Statins	†Pravastatin 10-40mg QD Lovastatin 10-80mg QD Fluvastatin 20-40mg QD Simvastatin 10-80mg QD Atorvastatin 10-80mg QD †Cervastatin 0.3-0.4mg QD	Myopathy, hepatitis Monitor LFT's • Six week • Six months • Annual	Use with caution in combination with gemfibrozil, niacin, cyclosporin, erythromycin
Niacin	1.5-2gm QD start at 250mg BID and titrate up	Flushing, hepatitis Monitor LFT's, glucose, uric acid	Contraindicated in FUD, liver disease, gout, diabetes, hepatotoxicity is dose related
Resins	Cholestyramine 4-12gm TD Colestipol 5-15gm TD	Increase TG, GI distress	Do not use in patients with increased TG. Associated with decreased absorption of some drugs
Gemfibrozil	600mg BID	GI distress Cholelithiasis	Contraindicated in renal failure Low erdose in renal insufficiency
Fenofibrate	200mg QD	Myopathy Follow LFT's	Follow PT when on warfarin

\*Atherosclerotic disease including thrombotic stroke, carotid disease, claudication, arterial bruit  
†Less drug interaction

Special caution with combined drug treatment:  
Niacin + Statin → increased risk myopathy, hepatotoxicity  
Statin + Gemfibrozil → increased risk myopathy

