



Learn more about treatment guidelines for cardiovascular disease and type 2 diabetes.

Know Diabetes by Heart™

Lipid Management in Diabetes

People with type 2 diabetes are at risk of ASCVD similar to those with existing ASCVD. Therefore, lipid management is vital to reduce their risk.



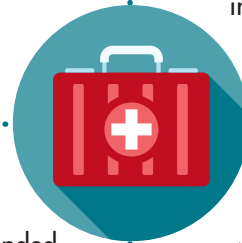
Lipid panel should be obtained:

- At time of diabetes diagnosis and annually
- At initiation and after 4–12 weeks of initiation/adjustment of lipid-lowering drugs



LDL goals:

- For primary prevention: <70 mg/dL is recommended for adults aged 40–75. It is reasonable to treat those aged 20–39 with diabetes and other ASCVD risk factors
- For secondary prevention: <55 mg/dL



Treatment:

- Lifestyle interventions like weight loss, increase physical activity, reduction of saturated fat intake and smoking cessation, and increase intake of omega-3 fatty acids
- Pharmacotherapy:
 - Statins are first-choice for primary and secondary prevention
 - Add-on therapies ezetimibe, PCSK9i and bempedoic acid if not meeting LDL goal on statins or intolerant to them

Hypertriglyceridemia: Elevated levels increase the risk for pancreatitis and ASCVD



Fasting triglyceride levels ≥ 500 should be evaluated for secondary causes



Targeting triglycerides <150 mg/dL in individuals with ASCVD or at high risk of it



Lifestyle interventions like weight loss, alcohol cessation, following a diet lower in carbohydrate and fat

Pharmacotherapy:

In addition to statins, fibrate and EPA may be used

ASCVD = atherosclerotic cardiovascular disease;
EPA = eicosapentaenoic acid;
PCSK9i = proprotein convertase subtilisin/kexin type 9 inhibitors.

Learn more at [KnowDiabetesbyHeart.org](https://www.knowdiabetesbyheart.org)