**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.

**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

**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

**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.