

# 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

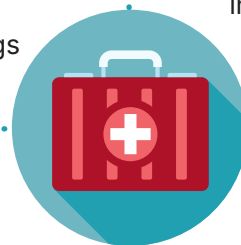


## LDL goals:

**For primary prevention:** LDL <70 mg/dL

- Age 20–39: with diabetes and other ASCVD risk factors, it is reasonable to treat
- Age 40–75: treat to target
- Age >75: already on statin therapy, it is reasonable to continue. It is also reasonable to initiate moderate-intensity statins after review of risks and benefits

**For secondary prevention:** LDL <55 mg/dL



## Treatment:

- Lifestyle interventions like weight loss, increase physical activity, reducing saturated and trans fat intake and smoking cessation, and increase intake of omega-3 fatty acids
- Pharmacotherapy:
  - Statins are first-choice for primary and secondary prevention
  - Ezetimibe, PCSK9i, bempedoic acid, and inclisiran can be used as add-on therapies if not meeting LDL goal on statins or statin-intolerant

## Hypertriglyceridemia: Elevated levels increase the risk for pancreatitis and ASCVD



### Moderate hypertriglyceridemia:

fasting triglycerides >150 mg/dL or nonfasting >175 mg/dL → address lifestyle factors and secondary factors

### Severe hypertriglyceridemia:

Fasting triglycerides ≥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