



The Medical **Bulletin**

Lipidology

Despite lowering of high LDL with statins, elevated TGL increase risk for (ASCVD) events — what is known as "residual risk."

Present AHA recommendation about treatment of high TGL based on JELIS and REDUCE-IT trial.

Both used icosapent ethyl, a prescription-grade purified EPA without DHA

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JELIS trial that included more than 18,000 individuals showed EPA reduced MACE by 19% compared with the control group. The REDUCE-IT trial included more than 8000 patients with ASCVD or diabetes with additional CV risk factors that were on statins with LDLs below 100 mg/dL and triglycerides between 135 and 499 mg/dL (with a mean triglyceride level of 216 mg/dL). Patients were randomly assigned to icosapent ethyl 4 g daily or mineral oil. The composite cardiovascular endpoint was reduced by 25% over approximately 5 years

Given this information, the AHA revised their recommendations:

Persistent hypertriglyceridemia is defined as a fasting TGL level > 150 mg/dL after statin use and lifestyle modification

Our first approach should be Optimizing diet along with regular aerobic exercise which can lead to a 20%-50% reduction in TGL

Pharmacologic treatment: For patients with a very established ASCVD, and with diabetes (whether or not they have ASCVD), over age 50 years and for persistent fasting TGL \geq 150 and < 500 mg/dL, provide LDL-lowering therapy first — primarily with a statin — and add other LDL-lowering meds as indicated. Once maximally tolerated LDL-lowering therapy is achieved or a patient's LDL level is at the goal level, if TGL are still elevated, the guidelines say "it may be reasonable" to add icosapent ethyl to lifestyle modification.



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In adults without ASCVD or diabetes who have elevated triglycerides, there is very little evidence on which to base our decisions with regard to high TGL

,so the guideline recommend shared decision-making should be used.

This group needs emphasis on lifestyle modification because it benefits them in so many ways in addition to their TGL reduction (lower cancer risk, better mood and fitness, less depression).

In summary, for people with established ASCVD or diabetes with persistent triglycerides > 150 mg/dL, it is reasonable to consider icosapent ethyl as a means of reducing cardiovascular risk.

This is important guidance for something that we regularly encountered

Ref. Medscape - Feb 18, 2022

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