

Dyslipidemia

Causes

- Primary**
- genetics
- Secondary**
- smoking
 - fat intake
 - lifestyle
 - diseases (CKD, DM)
 - alcohol
 - drugs
 - thiazides
 - alcohol
 - antipsychotics
 - antiepileptics

How to Handle Myalgia

- ↳ usually occurs in 1st 6m
- Myopathy: CK ≤ ULN**
 - continue, ↓ dose, Δ statin, qad dosing, temporary D/C
- Myositis: CK > ULN**
 - D/C until CK < ULN
- Rhabdomyolysis: CK > 10X ULN**
 - D/C & ∅ restart

Treatment - Others

- PCSK9i (prevent LDL-R degradation)**
- ↳ alirocumab & evolocumab
 - Use in who?**
 - in those who haven't achieved lipid target on max statin therapy
 - Plan:** add to statin therapy
- Ezetimibe (inhibit intestinal cholesterol absorption)**
- Use in who?**
 - use in patient w/ CKD & give w/ simvastatin to ↓ major vascular events
 - is ∅ tolerate potent statin, can use this
 - Plan:** use as monotherapy or w/ statin
- Fibrates (↓ VLDL & ↑ HDL by ↑ FA oxidation)**
- Use in who?**
 - reduce risk of pancreatitis
 - Plan:** only combine w/ statin if high triglycerides & low HDL (∅ be done w/ gemfibrozil)
- Bile Acid Sequestrants (↑ BA excretion to cause more cholesterol to be converted to BA)**
- Use in who?**
 - pregnancy / BF
 - on max statin
 - Plan:** sequestrant + statin (+/- ezetimibe)
- Isosapent Ethyl (↓ TG levels by inhibiting TG enzymes)**
- Use in who?**
 - is TG levels b/w 5-5.6 & on max statin

Treatment - First Line

↳ For every 1mmol ↓ in LDL in 1 yr, risk of CV event ↓ by 21% & mortality ↓ by 10%

Step 1: Statin-Indicated Condition

- ↳ if any of the below conditions, start statin (unless contraindicated.)
 - LDL ≥ 5.0 mmol/L
 - CV disease
 - Most diabetic patients
 - ≥ 40 yrs
 - 30+ yrs & DM × 15+ yrs
 - microvascular disease
 - CKD
 - ↳ if no
 - ↓
 - Calculate Framingham score

Step 2: What Statin? What dose?

- ↳ start low & titrate to target dose
- 1° prevention → high risk for CV events → low dose (10mg)
 - reduces CV events
- 2° prevention → recent ACS/stable CAD → atorvastatin 80mg
 - reduces CV events
- T2D: low dose (atorvastatin 10mg)
 - reduces CV events
- if asian: use lower rosuvastatin dose b/c ↑ risk of myalgia (start at 5mg)