Management of Hypertriglyceridaemia in Primary Care

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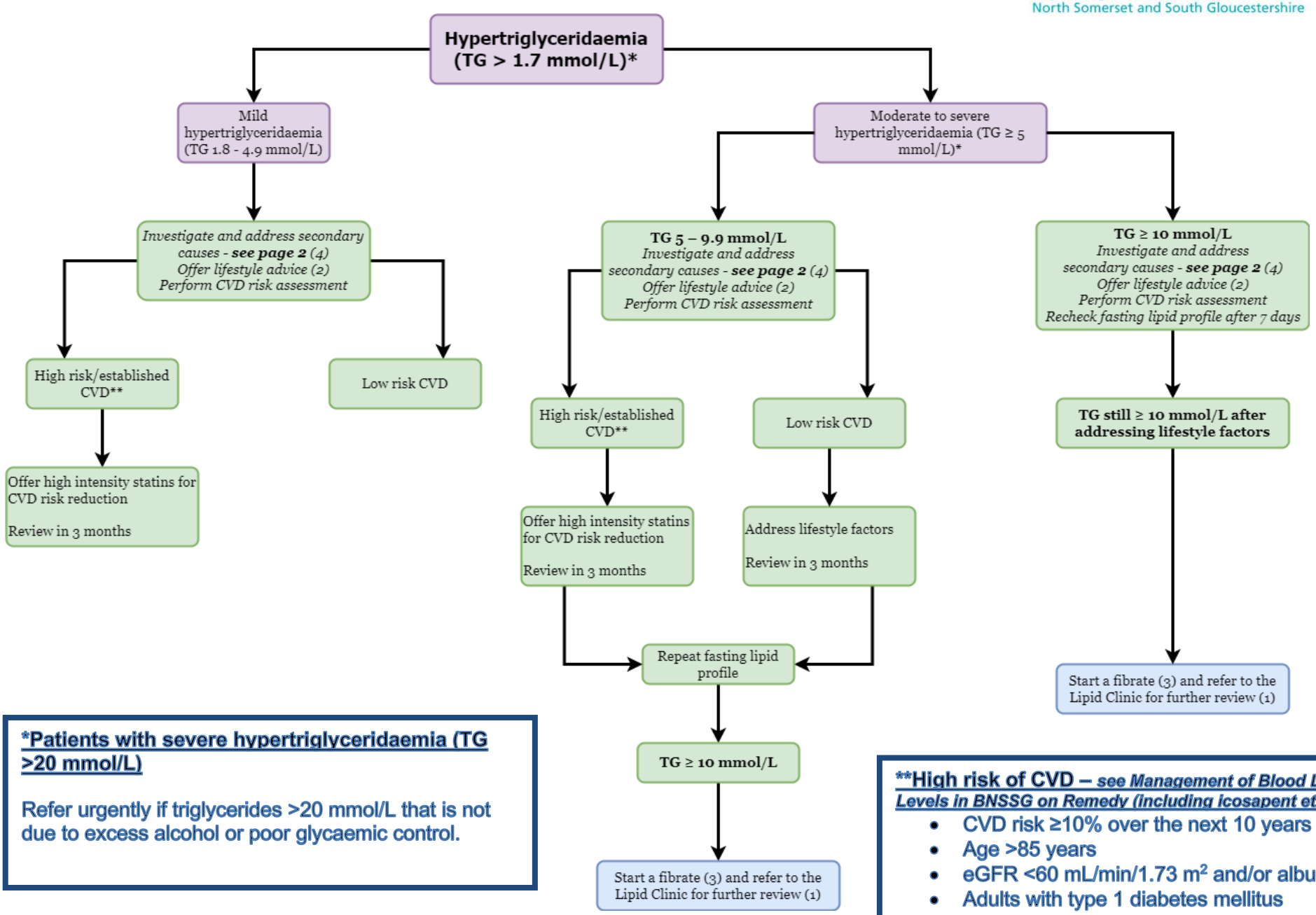

***Patients with severe hypertriglyceridaemia (TG >20 mmol/L)**

Refer urgently if triglycerides >20 mmol/L that is not due to excess alcohol or poor glycaemic control.

****High risk of CVD – *see Management of Blood Lipid Levels in BNSSG on Remedy (including icosapent ethyl)***

- CVD risk ≥10% over the next 10 years
- Age >85 years
- eGFR <60 mL/min/1.73 m^2 and/or albuminuria
- Adults with type 1 diabetes mellitus

Approved by BNSSG APMOC March 2023. Review March 2026.

Lipid Clinic Referral Criteria[1]

Patients with severe hypertriglyceridaemia (TG >20 mmol/L or two or more results ≥10 mmol/L). Refer urgently if triglycerides >20 mmol/L that is not due to excess alcohol or poor glycaemic control.

Before referral

- Consider advice and guidance request or telephone discussion with Lipid Clinic for advice
- Advice & Guidance request via e-RS
- For urgent advice telephone Dr Graham Bayly, Dr Andrew Day, Dr Eloise Willis via UHB Clinical Biochemistry (Lipid Clinic) Secretary on 0117 3427708, Clinical Biochemistry Registrars on 0117 3427766 or Dr Wycliffe Mbagaya WAHT secretary on 01934 881006

Lifestyle advice[2]

Lifestyle modifications to reduce triglyceride levels are similar to those recommended for individuals at high risk of cardiovascular disease1 (full lifestyle advice published in NICE CG181)

- Restrict consumption of high glycaemic index/load foods as well as refined sugars, fruit juices, and high fructose drinks
- Increase consumption of oily fish (pregnant women should limit oily fish consumption to no more than 2 portions per week and to avoid marlin, shark and swordfish)
- Physical activity (at least 150 minutes of moderate intensity aerobic activity or 75 minutes of vigorous intensity aerobic activity)
- Weight management for those who are who are overweight or obese
- Avoid binge drinking and limit alcohol intake to national recommended limits
- Smoking cessation (primarily for CV protection)

Fibrate therapy[3]

Start micronized Fenofibrate at 160 milligrams once daily in patients presenting with severe hypertriglyceridaemia unless there is a specific contraindication against their use.

- For patients with renal impairment (eGFR 30-59 mL/min), the maximum recommended dose is 67 milligrams (micronized) once daily.
- Fenofibrate should not be used in those with severe renal impairment (eGFR less than 30 mL/min) or those with known gallstone disease.

Check serum creatinine at baseline, within 3 months of initiation of treatment and at least annually thereafter (more frequently if clinical indicated).

Monitor liver transaminase levels at 3 months after initiation of treatment (or at 8 weeks if fibrate is used with a statin) and periodically thereafter.

- Discontinue therapy if AST or ALT levels increase to more than 3x ULN.
- If symptoms indicative of hepatitis occur (e.g. jaundice, pruritus), and diagnosis is confirmed by laboratory testing, fenofibrate therapy should be discontinued.

Baseline CK should only be checked in those who may already be taking a medicine that will increase the risk of myopathy when used concomitantly with fibrate, such as statin therapy.

- Routine CK monitoring for asymptomatic individuals is not recommended.
- Monitor CK for patients with muscle weakness/pain to assess severity of muscle damage and aid the decision to continue treatment.

Secondary causes of hypertriglyceridemia[4]

- Obesity, often in association with hypercholesterolaemia
- Poorly controlled diabetes mellitus
- Nephrotic syndrome, often in association with hypercholesterolemia, and renal failure
- Hypothyroidism, often in association with hypercholesterolemia
- Pregnancy
- Drug including;
    - Oral oestrogen replacement
    - Tamoxifen
    - Beta blockers
    - Immunosuppressive medications, such as glucocorticoids and cyclosporin
    - HIV antiretroviral regimens
    - Oral retinoids (e.g. isotretinoin)

Investigations for causes of hypertriglyceridemia

- Urine ACR for nephrotic syndrome
- Full lipid profile (total cholesterol, HDL, non-HDL and triglycerides)
- Fasting glucose or HbA1c
- Renal function (U&Es)
- Thyroid function tests (TFTs)
- Liver function (LFTs)

References

1. Summary of Product Characteristics – Fenofibrate. Genus Pharmaceuticals https://www.medicines.org.uk/emc/product/5267/smpc.
2. Cardiovascular disease: risk assessment and reduction, including lipid modification, NICE Clinical guideline (CG181) Published on 18/7/14 (last updated 27/9/16) https://www.nice.org.uk/guidance/cg181

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