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As noted above, no set targets for triglyceride levels are clearly warranted other than to reduce the risk of pancreatitis. Generally, medications are considered in patients with hypertriglyceridemia who have a personal or family history of premature coronary disease. When medications are used, those that specifically decrease the level of small, dense LDL particles and raise the level of HDL₂ particles are preferred (Table 2).

In patients with, or at risk for, premature coronary artery disease, statins are generally considered the first drug of choice to lower LDL cholesterol.³⁹ Nicotinic acid therapy, often combined with a statin, may be an alternative first choice in patients at risk for premature coronary artery disease. Nicotinic acid can reduce the level of small, dense LDL particles and raise the level of HDL₂ particles (Table 2). In the Coronary Drug Project, nicotinic acid resulted in a 15% reduction in the risk of myocardial infarction among men with hypercholesterolemia who had atherosclerosis⁴⁰ and decreased total mortality by 10% at 15 years.⁴¹ In the Investigation of the Treatment Effects of Reducing Cholesterol (ARBITER) 2 trial,⁴² it was also shown to prevent the progression of carotid artery disease in patients with atherosclerosis who were already receiving statin therapy.

TABLE 2

Pharmacologic Treatment for Hypertriglyceridemia.

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