



4TH DAILY CARDIOLOGY
SYMPOSIUM

CONCISE, PRECISE, PRACTICAL

No One's Concern, Everyone's Problem! Diagnosis and Management of High Plasma Triglyceride

Learning Objectives and Case



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Learning Objectives

- Definition and Diagnosis of Hypertriglyceridemia
 - Definition and cutoff values
 - History and Ph/E
 - Considerations for the Laboratory Testing
- Treatment Goals for High Plasma TG
 - Pancreatitis Prevention
 - ASCVD Prevention
- Non-pharmacologic Approaches to the Management of High Plasma TG
 - Diet
 - Physical Activity
 - Lifestyle Modification

Learning Objectives

- Pharmacologic Treatment of Hypertriglyceridemia
 - The role of Specific Lipid-Lowering Agents
 - Statins
 - Fibrates
 - Omega-3 Fatty Acids
 - Niacin
- Follow-up and Monitoring of Treatment
 - Follow-up intervals
 - Monitoring Adverse Effects

Case

- 46 Y/O gentleman, software engineer
- PMH: Unremarkable
- DH: Multivitamin supplement Daily
- FH: No Hx. of cardiovascular diseases in the first-degree family
- The patient has a sedentary lifestyle with minimal physical activity. His diet is high in carbohydrates and fats, and he admits to frequent consumption of fast food. He does not smoke but consumes alcohol socially.

Case

- Ph/E:
 - BP: 122/81, HR: 73bpm, Spo2: 99% in room air, BMI: 29, otherwise unremarkable
- ECG: NSR
- Recent Lab:
 - FPG: 113 mg/dL, HbA1c: 6.4%, CBC, TFT, Cr, Electrolytes: NL
 - AST: 57 U/L, ALT: 61 U/L, LDL: 97 mg/dL, HDL: 41 mg/dL, TC: 231 mg/dL, TG: 465 mg/dL.

The patient expresses concern about high plasma triglyceride (TG) levels and fears the possibility of a myocardial infarction. He specifically requests a prescription for gemfibrozil, having read on the internet that it could potentially reduce his risk of MI.

What is your approach to the management of abnormal lipid profile in this patient?

Thank you for your attention



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