

# Type 2 Diabetes - Lipid & Aspirin Therapy

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Measure fasting lipid panel at least annually  
Initiate therapeutic lifestyle changes with all patients

Step 1: Treat severely elevated triglycerides

TRIG > 500mg/dL

Restrict dietary fats and carbohydrates, intensify blood glucose control, R/O hypothyroidism or other causes. Consider: Fibrate, Fish Oil, or Niaspan

Step 2: Assess CVD risk and LDL cholesterol

Initiate statin therapy if patient has any of the following:

- Personal history of CVD
- LDL > 100mg/dL
- Age > 40 years with ≥ 1 CVD risk factors (in addition to DM)
- Consider statin therapy if age < 40 years with multiple CVD risk factors

Step 3: Determine target for statin therapy

- LDL < 70mg/dL if CVD
- LDL < 100 mg/dL if no CVD
- If target is not reached on maximal tolerated dose of statin, a reduction in LDL of 30–40% from baseline is an alternative target

Combination therapy?

May be considered if LDL targets not achieved on statin alone  
Combination therapy has not been evaluated in studies for either CVD outcomes or safety

Patients who cannot tolerate a statin?

Try a different statin. If no statin is tolerated:  
May consider non-statin medication to lower LDL  
Non-statin medications have not demonstrated benefit in CVD outcomes in people with diabetes

Should medications be used to treat elevated triglycerides (150-500mg/dL) or low HDL?  
No demonstrated benefit in CVD outcomes in diabetes

LDL-targeted therapy with statins has demonstrated the best evidence for CVD risk reduction in diabetic patients with elevated LDL and/or other CVD risk factors

## Medications for Lipid Management

Statin	Start Dose	Max Dose	LDL	HDL	TRIG
Rosuvastatin (Crestor®)*	20mg daily	40mg	↓↓↓	↑	↓
<i>Atorvastatin (Lipitor®)</i>	10mg daily	80mg	↓↓↓	↑	↓
Simvastatin (Zocor®)	20mg HS	40mg	↓↓	↑	↓
Lovastatin (Mevacor®)	20mg daily	80mg	↓↓	↑	↓
Pravastatin (Pravachol®)	40mg daily	80mg	↓↓	↑	↓

Contraindications: acute liver disease, pregnancy, nursing mothers

Numerous drug interactions - consult package insert prior to prescribing  
Simvastatin and Lovastatin - Caution or contraindication with strong CYP3A4 inhibitors (e.g., azole antifungals, erythromycins, HIV protease inhibitors, nefazodone)  
All statins - Caution or contraindication with gemfibrozil, cyclosporin, or danazole.  
Decrease dose of simvastatin with niacin, amiodarone, verapamil, diltiazem, amlodipine, and grapefruit

Check ALT before initiating therapy; Routine monitoring not necessary

Non-Statin Medications	Usual Dose	LDL	HDL	TRIG
Gemfibrozil (Lopid®)	600mg BID	-	↑	↓↓
<i>Fenofibrate (Tricor®)</i>	145mg daily	↓	↑	↓↓
Niacin (Niaspan®)	500mg HS to 2-3g HS	↓	↑	↓↓
<i>Fish Oil (Omacor® or OTC)</i>	2-4g daily	↑	↑	↓↓
<i>Ezetimibe (Zetia®)</i>	10mg daily	↓	-	-
<i>Cholesevalam (Welchol®)</i>	3-6 tab daily	↓	-	↑ / -

*Note: Medications in green are not on the IHS Core Formulary*

*\*Note: Only rosuvastatin 20mg is on the IHS Core Formulary*

## Aspirin Therapy

Consider aspirin 75 to 162mg/day for patients with:

- Known CVD
- Increased risk of CVD (10-year risk > 10%)
  - Includes most men > 50 yrs & women > 60 yrs with ≥ 1 major CVD risk factors
- Use clinical judgment if 10-year risk 5-10%

If allergic to aspirin, consider clopidogrel 75mg daily

Ref: ADA Clinical Practice Recommendations 2012, DIABETES CARE, VOLUME 35, SUPPLEMENT 1, JANUARY 2012