

Dyslipidemia TBL NOTE

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Case (1): patient came to clinic “at any age” for lipid screening, **when to start lipid screening?** Start in **≤ 35 y/o in healthy patient.**

- what is the lipid Profile? Blood test measure: cholesterols , TAG , LDL and HDL.
- Patients shouldn't be fasting before test but if the result is abnormal we repeat the test with 12h fasting, so **fasting for 12h before the test is the best** especially in TAG, why ? TAG affected by DM, fasting and non fasting

Case (2): 50 y/o patient “old age” medically free for follow up every 3 years, the lipid profile is seen below, **what is the first one you check in lipid ? LDL**

- lipid : LDL 70mg/dl (1.8mmol/L) = normal “ if normal keep life styles modification , 70 or less is normal”

Case (3): 54y/o patient with **LDL more than 190mg/dl, what is your next step?** Start **STATIN “high intensity” IMMEDIATELY when LDL ≤ 190 mg/dl (4.9mmol/L)**

- we follow up the patient 1-3 months depend on the case.
- When you see the patient next time and the LDL is 180 mg/dl “still high because we give high statins that should decrease the LDL by 50% at least” what is your management? Add another medication with statins and keep life style modification

Case (4): DM patient age between 40-75 “middle age” without any Risk factor, what is your management? Give moderate intensity Statins

- so keep in mind **any diabetic patient without any risk factor you should put them in moderate statins even when you don't look to LDL.**

Case (5): DM patient with Risk factor “Risk enhancers” what you will do? Start high intensity statins.

Case (6): 75y/o patient “old age” what you will offer for them? Use your clinical juggernaut.

Case (7): 19 y/o patient or less with abnormal lipid profile, what you will do? Start life style modification and **Don't consider statins for this age group unless there are:**

- **history of familial hyperdyslipidemia**

Case (8): 20 y/o or more with abnormal lipid profile, what you will do? **calculate the risk score.**

- **when to consider statins ? If there is family history of premature death \pm LDL ≥ 160 mg/dl \pm premature ASCVD**
- You should have 2 or more factor to consider statins in this age group

Case (9): 40-75 age group patient with abnormal lipid profile, what you will do?

Calculate risk score and the management depends on it, if the score is:

- Low risk < 5% : life style modification.
- Borderline risk 5 - 7.5 % : check other risk factor and the management will be either as low risk or intermediate risk.
- Intermediate risk 7.5 - < 20 % : moderate intensity statins “DM patient”.
- High risk \geq 20% : high intensity statins.

Case (10): patient with risk score 20% or more, what is the LDL target in next visit? 70 mg/dl or less (\leq 1.8mmol/L).

- because you put them in high intensity statins and it will lower the LDL by 50%

Case (11): patient with clinical ASCVD what is your management? Start high intensity statins

- if not decreased add another non statins medication.

Note:

- The most important statins side effects is **myalgia** “muscle pain”
- Statins intensity:
 - **Atorvastatins:** the best, there is high and moderate no low intensity.
 - **Rosuvastatins:** expensive / same as Atorvastatins but with low intensity/ more used and prescribed from cardiac physician.
 - **Simvastatins:** no high intensity only moderate and low / low used mainly in nephrology.
- Any mass in neck?
 - First US
 - Best FNA

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