

## The Importance of Eliminating Poor Lipid Control in Patients with Type 2 Diabetes

Although treatment of blood sugar can help prevent devastating eye, kidney, and nerve complications, we must never forget that the most common causes of death and morbidity in type 2 diabetes are related to cardiovascular disease. Therefore, we must aggressively treat modifiable cardiovascular risk factors and substantial elevations of LDL must be one of our highest treatment priorities.<sup>1</sup>

The optimal LDL-cholesterol level in patients with type 2 diabetes is uncertain. Some evidence suggests that there may be benefit in pushing levels below 100 mg/dL (as recommended by the ADA).<sup>2-4</sup> However, it is likely that the majority of the excess mortality risk occurs at LDL levels above 130 mg/dL. Even for those with known coronary artery disease (CAD) extreme lowering of LDL values has mainly been associated with fewer non-fatal events, not with improved survival. Recent studies suggest that patients with diabetes with known CAD may achieve more benefit than the general population when those with LDLs greater than 130 mg/dL are treated with statins.<sup>1,4</sup> Elimination of substantially elevated LDL levels in individuals with type 2 diabetes is likely to be highly cost-effective and must be one of the highest priorities for VA diabetes care. In addition, since diabetics have a high annual incidence of cardiovascular events, it is critical to get LDL-C below this high-risk level within 4-6 months whenever possible.

Just when and how aggressively triglycerides and low HDL syndrome should be treated in type 2 diabetes remains controversial. It is well established that low HDL, particularly in combination with elevated triglycerides, is an independent risk factor for CAD in patients with type 2 diabetes.<sup>3,5-8</sup> However, there is no clear evidence that treatment of this syndrome is beneficial in patients with type 2 diabetes.<sup>8</sup> Recently, a study of patients with low HDL and low LDL syndrome demonstrated substantial

improvement in cardiovascular events with gemfibrozil treatment.<sup>9</sup>

### Recommendation

- Lipid profiles should be obtained on patients with diabetes annually or as indicated to guide therapy
- Treatment with aggressive lipid lowering therapy should be instituted as needed to achieve an LDL value < 130 mg/d.
- Get LDL-C under-control within 4-6 months whenever possible (by dosing statins so as to meet goals quickly and arranging 1-2 month follow-up until the minimum LDL-C goal (< 130mg/dl) is achieved

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