

Type 2 Diabetes - Lipid & Aspirin Therapy

Lipid Panel Screening

Order a lipid panel:

- at diagnosis of diabetes
- if < 40 years old and not on a statin, consider annual lipid panel
- at age 40 if not yet on a statin to establish treatment baseline
- as needed every 1-2 years (e.g. to evaluate adherence to lipid therapy)

For all patients with diabetes, initiate lifestyle therapy, then:

Age	CVD Risk Factors*	Statin Therapy
<40 years	None	None
	1 or more	Moderate or High Intensity
	Overt CVD**	High Intensity
40-75 years	None	Moderate Intensity
	1 or more	High Intensity
	Overt CVD**	High Intensity
>75 years	None	Moderate Intensity
	1 or more	Moderate or High Intensity
	Overt CVD**	High Intensity

* CVD Risk Factors include: LDL \geq 100mg/dL, High Blood Pressure, Smoking, or Overweight/Obesity

** Overt CVD includes previous cardiovascular events or acute coronary syndrome

Statin intolerance: Consider trying a different statin. May consider non-statin medication if no statin is tolerated; however, there is little evidence of CVD benefit from non-statin lipid medications.

Combination therapy (statin plus non-statin lipid medication): There is no evidence of CVD benefit in patients without advanced CVD. There is limited evidence for patients with advanced CVD.

Elevated Triglycerides: If Triglycerides elevated (\geq 500 mg/dL) identify secondary causes and consider triglyceride lowering therapy; if severely elevated (\geq 1000 mg/dL) begin triglyceride lowering medication to reduce the risk of pancreatitis.

Statin Medications

Statin	Moderate Intensity Dose	High Intensity Dose
Atorvastatin (Lipitor®)***	10-20 mg	40-80 mg
<i>Rosuvastatin (Crestor®)</i>	5-10 mg	20-40 mg
Simvastatin (Zocor®)	20-40 mg	NA
Pravastatin (Pravachol®)	40 mg	NA
<i>Lovastatin (Mevacor®)</i>	40-80 mg	NA
<i>Fluvastatin (Lescol®)</i>	80 mg	NA

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, cyclosporine, 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 Lipid Medication	Usual Dose	LDL	HDL	Trig
Gemfibrozil (Lopid®)****	600 mg BID	-	↑	↓↓
Fenofibrate (Tricor®)****	145 mg Daily	↓	↑	↓↓
Niacin (Niaspan®)	500 mg HS to 2-3 g HS	↓	↑	↓↓
<i>Fish Oil (Omacor®)</i>	2-4 g Daily	↑	↑	↓↓
<i>Ezetimibe (Zetia®)</i>	10 mg Daily	↓	-	-
<i>Colesevalam (Welchol®)</i>	3-6 tab Daily	↓	-	-/↑

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

*** Note: Only atorvastatin 40-80mg is on the IHS National Core Formulary

**** Determine which fibric acid derivative is on your local formulary

Aspirin Therapy

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

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

If allergic to aspirin, consider clopidogrel 75 mg daily

Ref: ADA Clinical Practice Recommendations 2015, DIABETES CARE, VOLUME 38, SUPPLEMENT 1, JANUARY 2015
ACC/AHA Cholesterol Guideline, 2013, <https://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a>