

Type 2 Diabetes – Lipid and Aspirin Therapy

Lipid Panel Screening

Order a lipid panel for the following:

- at diagnosis of diabetes
- if less than 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 to 2 years (e.g., to evaluate adherence to lipid therapy)

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

- Patients who are less than 40 years of age without CVD risk factors, should not receive statin therapy.
- Patients who are less than 40 years of age with CVD risk factors, should receive moderate or high intensity statin therapy.
- Patients who are less than 40 years of age with overt CVD, should receive high intensity statin therapy.
- Patients who are 40-75 years of age without CVD risk factors, should receive moderate intensity statin therapy.
- Patients who are 40-75 years of age with CVD risk factors, should receive high intensity statin therapy.
- Patients who are 40-75 years of age with overt CVD, should receive high intensity statin therapy.
- Patients who are older than 75 years of age without CVD risk factors, should receive moderate intensity statin therapy.
- Patients who are older than 75 years of age with CVD risk factors, should receive moderate or high intensity statin therapy.
- Patients who are older than 75 years of age with overt CVD, should receive high intensity statin therapy.

CVD risk factors include LDL cholesterol greater than or equal to 100 mg/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 (greater than or equal to 500 mg/dL) identify secondary causes and consider triglyceride lowering therapy; if severely elevated (greater than or equal to 1000 mg/dL) begin triglyceride lowering medication to reduce the risk of pancreatitis.

Table 1. Statin Medications for Lipid Management

Statin	Moderate Intensity Dose	High Intensity Dose
Atrovastatin (Lipitor®)	10-20 mg	40-80 mg
Rosuvastatin (Crestcor®)	5-10 mg	20-40 mg
Simvastatin (Zocor®)	20-40 mg	NA
Pravastatin (Prevachol®)	40 mg	NA
Lovastatin (Mevacor®)	40-80 mg	NA
Fluvastatin (Lescol®)	80 mg	NA

Note the following:

- Rosuvastatin, Lovastatin, and Fluvastatin are not on the IHS National Core Formulary.
- Only atorvastatin 40-80mg is on the IHS National Core Formulary.

Contraindications: acute liver disease, pregnancy, nursing mothers

- There are 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 is not necessary.

Table 2. Other Medications for Lipid Management

Non-Statins Medication	Usual Dose	LDL	HDL	Triglyceride
Gemfibrozil (Lopid®)	600 mg BID	No effect	Increase	Decrease
Fenofibrate (Tricor®)	145 mg Daily	Decrease	Increase	Decrease
Niacin (Niaspan®)	500 mg HS to 2-3 g HS	Decrease	Increase	Decrease
Fish Oil (Omacor®)	2-4 g Daily	Increase	Increase	Decrease
Ezetimibe (Zetia®)	10 mg Daily	Decrease	No effect	No effect
Colesevalam (Welchol®)	3-6 tab Daily	Decrease	No effect	Increase or no effect

Note the following:

- Fish oil, ezetimibe, and colesevalam are not 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 over 50 years & women over 60 years with one or more 1 major CVD risk factors
- Use clinical judgment if 10-year risk is 5-10%

If allergic to aspirin, consider clopidogrel 75 mg daily.

References

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>.