Lipid & Aspirin Therapy in Type 2 Diabetes

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 1-5 years (e.g. to evaluate adherence to lipid therapy)

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

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

* ASCVD (Atherosclerotic Cardiovascular Disease) Risk Factors include: LDL ≥100mg/dL, smoking hypertension, chronic kidney disease, albuminuria, and family history of premature ASCVD

** ASCVD is atherosclerosis affecting the vasculature of any of the following: heart, periphery (e.g., legs, carotids), and brain (e.g., stroke, transient ischemic attack)

Statin intolerance: Consider trying a different statin. If unable to tolerate daily statin, there may still be benefit from less than daily dosing. There is little evidence of ASCVD benefit from monotherapy with non-statin lipid medications.

Combination therapy (statin plus non-statin lipid medication): There is little evidence of ASCVD benefit with combination therapy.***

*** Limited data suggests ezetimibe 10mg daily plus moderate intensity statin (when high intensity statin is not tolerated) may provide a small reduction in risk of ASCVD events over moderate intensity statin therapy alone if initiated within 10 days of an acute coronary event in patients age ≥50 years

Statin Medications	Moderate Intensity Dose	High Intensity Dose
Atorvastatin (Lipitor®)****	10-20 mg	40-80 mg
Rosuvastatin (Crestor®)	5-10 mg	20-40 mg
Simvastatin (Zocor®)	20-40 mg	NA
Pravastatin (Pravachol®)	40 mg	NA

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

Contraindications: acute liver disease, pregnancy, nursing mothers

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

Check ALT before initiating therapy; Routine monitoring not necessary

Elevated Triglycerides: Ensure blood sugar control and identify any secondary causes (e.g., high fat and/or high carbohydrate diet, hypothyroidism, excessive alcohol use, medications). Consider triglyceride lowering therapy if severely elevated (e.g. ≥1,000 mg/dL) to reduce risk of pancreatitis.
- Gemfibrozil (Lopid®) 600mg BID
- Fenofibrate (Tricor®, others) 145mg Daily
- Fish Oil (Lovaza®, others) 2-4g Daily

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

Aspirin Therapy for ASCVD

Secondary Prevention:
Patients with a history of ASCVD should receive aspirin 75-162mg daily if they are not at increased risk of bleeding.
If allergic to aspirin, consider clopidogrel 75mg daily.

Primary Prevention:
Consider aspirin 75-162mg daily in patients with increased risk of ASCVD, (e.g., age ≥50 years and one or more risk factors*), if they are not at increased risk of bleeding.
Aspirin is not recommended in patients at lower risk of ASCVD, (e.g., age <50 years with no other major ASCVD risk factors*).

Consult a complete prescribing reference for more detailed information. This algorithm is not intended for treatment selection in children or in women who are or could become pregnant.

Ref: ADA Clinical Practice Recommendations, Diabetes Care 2017; 40, Supplement 1.
ACC/AHA Cholesterol Guideline, J Am Coll Cardiol 2014; 63:2889-934.