

- R78 For a person who is under 40 years old, consider initiating generic simvastatin therapy (to 40 mg), or a statin of similar efficacy and cost, where the cardiovascular risk factor profile appears particularly poor (multiple features of the metabolic syndrome, presence of conventional risk factors, microalbuminuria, at-risk ethnic group, or strong family history of premature cardiovascular disease).
- R79 Once a person has been started on cholesterol-lowering therapy, assess his or her lipid profile (together with other modifiable risk factors and any new diagnosis of cardiovascular disease) 1–3 months after starting treatment, and annually thereafter. In those not on cholesterol-lowering therapy, reassess cardiovascular risk annually, and consider initiating a statin (see recommendations 77 and 78).
- R80 Increase the dose of simvastatin, in anyone initiated on simvastatin in line with the above recommendations, to 80 mg daily unless total cholesterol level is below 4.0 mmol/l or low-density lipoprotein cholesterol level is below 2.0 mmol/l.
- R81 Consider intensifying cholesterol-lowering therapy (with a more effective statin²⁸³ or ezetimibe,²⁸⁴ in line with NICE guidance), if there is existing or newly diagnosed cardiovascular disease, or if there is an increased albumin excretion rate, to achieve a total cholesterol level below 4.0 mmol/litre (and high-density lipoprotein cholesterol not exceeding 1.4 mmol/litre) or a low-density lipoprotein cholesterol level below 2.0 mmol/litre.*
- R82 If there is a possibility of a woman becoming pregnant, do not use statins unless the issues have been discussed with the woman and agreement has been reached.

Fibrates

- R83 If there is a history of elevated serum triglycerides, perform a full fasting lipid profile (including high-density lipoprotein cholesterol and triglyceride estimations) when assessing cardiovascular risk annually.
- R84 Assess possible secondary causes of high serum triglyceride levels, including poor blood glucose control (others include hypothyroidism, renal impairment and liver inflammation, particularly from alcohol). If a secondary cause is identified, manage according to need.
- R85 Prescribe a fibrate (fenofibrate as first-line) if triglyceride levels remain above 4.5 mmol/litre despite attention to other causes. In some circumstances, this will be before a statin has been started because of acute need (that is, risk of pancreatitis) and because of the undesirability of initiating two drugs at the same time.
- R86 If cardiovascular risk is high (as is usual in people with Type 2 diabetes), consider adding a fibrate to statin therapy if triglyceride levels remain in the range 2.3–4.5 mmol/litre despite statin therapy.

* This wording should not be read as implying that treatment might be aimed at achieving a low HDL cholesterol level. The intention here is to set limits for the validity of total cholesterol level measurement, not to set any kind of target for HDL cholesterol, which is usually regarded as protective against cardiovascular disease. Total cholesterol measurement is problematic as it includes HDL cholesterol, and so can be elevated by higher levels of HDL cholesterol. In these circumstances, treatments aimed at lowering total cholesterol further are not indicated and LDL cholesterol levels should be used to assess the results of lipid-lowering treatments.

Nicotinic acid

- R87 Do not use nicotinic acid preparations and derivatives routinely for people with Type 2 diabetes. They may have a role in a few people who are intolerant of other therapies and have more extreme disorders of blood lipid metabolism, when managed by those with specialist expertise in this area.

Omega 3 fish oils

- R88 Do not prescribe fish oil preparations for the primary prevention of cardiovascular disease in people with Type 2 diabetes. This recommendation does not apply to people with hypertriglyceridaemia receiving advice from a healthcare professional with special expertise in blood lipid management.
- R89 Consider a trial of highly concentrated licensed omega 3 fish oils for refractory hypertriglyceridaemia if lifestyle measures and fibrate therapy have failed.