

Guidelines for Diabetes with Dyslipidemias 2015

Recommendations

Screening	Treatment Recommendations and Goals
<p>In adults, a screening lipid profile is reasonable at the time of first diagnosis, at the initial medical evaluation, and/or at age 40 years and periodically (e.g., every 1–2 years) thereafter. E</p>	<p>Lifestyle modification focusing on the reduction of saturated fat, Trans fat, and cholesterol intake; increase of omega–3 fatty acids, viscous fiber, and plant stanols/sterols; weight loss (if indicated); and increased physical activity should be recommended to improve the lipid profile in patients with diabetes. A</p>
	<p>Intensify lifestyle therapy and optimize glycemic control for patients with elevated triglyceride levels (≥ 150 mg/dL [1.7 mmol/L]) and/or low HDL cholesterol (<40 mg/dL [1.0 mmol/L] for men, <50 mg/dL [1.3 mmol/L] for women). C For patients with fasting triglyceride levels ≥ 500 mg/dL (5.7 mmol/L), evaluate for secondary causes and consider medical therapy to reduce risk of pancreatitis. C</p>
	<p>For patients of all ages with diabetes and overt CVD, high–intensity statin therapy should be added to lifestyle therapy. A</p>
	<p>For patients with diabetes aged <40 years with additional CVD risk factors, consider using moderate– or high–intensity statin and lifestyle therapy. C</p>
	<p>For patients with diabetes aged 40–75 years without additional CVD risk factors, consider using moderate–intensity statin and lifestyle therapy. A</p>
	<p>For patients with diabetes aged 40–75 years with additional CVD risk factors, consider using high–intensity statin and lifestyle therapy. B</p>
	<p>For patients with diabetes aged >75 years without additional CVD risk factors, consider using moderate–intensity statin therapy and lifestyle therapy. B</p>

	<p>For patients with diabetes aged >75 years with additional CVD risk factors, consider using moderate- or high-intensity statin therapy and lifestyle therapy. B</p>
	<p>In clinical practice, providers may need to adjust intensity of statin therapy based on individual patient response to medication (e.g., side effects, tolerability, LDL cholesterol levels). E</p>
	<p>Combination therapy (statin/fibrate and statin/niacin) has not been shown to provide additional cardiovascular benefit above statin therapy alone and is not generally recommended. A</p>
	<p>Statin therapy is contraindicated in pregnancy. B</p>

Guidelines from American Diabetes Association 2015