



# Treatment of Dyslipidemia in Adults with Diabetes

1. Lowering LDL-C is the primary goal
2. Improving and maintaining glycemic control is critical
3. Behavioral interventions such as weight loss, increased physical activity, moderation in alcohol consumption and smoking cessation should be initiated as a **first** priority

LDL-C Lowering	HDL-C Rising	Triglyceride Lowering	Combined Hyperlipidemia
<b>First Choice:</b> HMG CoA reductase inhibitor (statin)	Difficult except with nicotinic acid, which should be used with caution, or fibrates	<b>First Choice:</b> Glycemic control	<b>First Choice:</b> Improved glycemic control plus high-dose statin
<b>Second Choice:</b> Bile acid binding resin (resin) or fenofibrate		<b>Second Choice:</b> Fibric acid derivatives (gemfibrozil, fenofibrate)	<b>Second Choice:</b> Improved glycemic control plus statin* plus fibric acid derivative* (gemfibrozil, fenofibrate)
		<b>Third Choice:</b> Statins are moderately effective at high dose in hypertriglyceridemic subjects who also have high LDL-C	<b>Third Choice:</b> Improved glycemic control plus resin plus fibric acid derivative (gemfibrozil, fenofibrate) OR Improved glycemic control plus statin* plus nicotinic acid* (glycemic control must be monitored carefully)

\* The combination of statins with nicotinic acid and especially with gemfibrozil or fenofibrate may carry an increased risk of myositis.

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Decision for treatment of high LDL before elevated triglyceride is based on clinical trial data indicating safety as well as efficacy of the available agents.

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