Lipid Management for BDC Clinicians

**Lipid panel ideally done fasting**

 If non-fasting and triglycerides or LDL elevated, repeat fasting.

**Lipid Screening**

 **Age 2-9:** Once if family hx hyperlipidemia or early CVD, or if family history unknown.

 LDL ≥100, discuss lifestyle and consider nutrition referral.

 LDL ≥130, consider referral to lipid clinic at Children’s Hospital.

 **Age 10-39:** Soon after diagnosis (after glycemic control established), if LDL<100 screen every 3-5 years.

 **Age 40+:** Soon after diagnosis (after glycemic control established), Continue at least annually (whether or not on statin).

*If on statin, may require more frequent monitoring for dose titration.*

*Re-check lipids 3 months after initiation of statin therapy or change in dose.*

**Initiating Statin Therapy**

 **If patient also with hypertriglyceridemia:** Consider choosing atorvastatin or rosuvastatin for their triglyceride-lowering-benefits. May require higher dose statin, addition of fibrate or Omega 3 fatty acid.

 **Baseline labs:** AST/ALT, TSH/fT4. (Untreated hypothyroidism may cause hyperlipidemia and can predispose to statin-induced myopathy.)

 **Discuss lifestyle and consider dietitian referral**

 **Re-check labs:** Lipids 3 months later.

 CPK: Only check if concern for muscle discomfort, weakness, inflammation, or rhabdomyolysis.

 AST/ALT: Only if symptoms of hepatotoxicity (jaundice, abdominal pain, dark-colored urine).

**Side Effects / Considerations**

 **Pregnancy Category X (Teratogenic):** Cannot be used in pregnancy or while breastfeeding. For reproductive-age women, discuss birth control status prior to starting statin and document birth control use or abstinence.

 **Hepatic dysfunction:** Slight increased risk of hepatotoxicity.

 **Muscle injury:** Increased risk muscle injury. May cause muscle discomfort, weakness, inflammation, or very rarely rhabdomyolysis.

* **Rhabdomyolysis (CPK>10x normal or clinical with myoglobinuria or acute renal injury):**

Stop statin use.

* **Muscle discomfort, Weakness, Inflammation (with or without CPK elevation):**

 Pause statin until symptoms improve.

 Then consider switching statin (to Fluvastatin), lowering dose, every-other-day statin therapy, or weekly rosuvastatin.

 **Glycemic control:** May cause slightly increased blood sugars.

 **Cognitive Function:** There is NO evidence statins cause memory loss or decreased cognitive function.