Management of hyperlipidaemia

To the Editor: As physicians with expertise in the management of lipid disorders, we express our concern that the guideline for hyperlipidaemia published in the Council for Medical Schemes PMB-X 2023 booklet[1] is out of date. Following this guide would hinder rather than encourage timeous and effective prevention of atherosclerosis and pancreatitis. More appropriate management is indicated in the South African (SA) guidelines.[2,3]

Given space limitations, we can only highlight a few criticisms of the guideline here. In our opinion, the guideline fails to emphasise the importance of severe hypertriglyceridaemia (triglycerides >10 mmol/L or samples reported as turbid or lipaemic), which poses a high risk of pancreatitis and is usually very responsive to interception of secondary causes (dietary fat, alcohol, diabetes mellitus) and fibrates. Risk calculation is not required for severe hypertriglyceridaemia or in primary low-density lipoprotein (LDL) hypercholesterolaemia of >5 mmol/L, as is often seen in familial hypercholesterolaemia (FH), which is an indication for lipid-lowering therapy. In patients with overt cardiovascular disease, lipid-lowering therapy should not be ‘considered’ but is mandatory unless contraindicated. The latest recommended LDL cholesterol (LDL-C) targets are also much lower than 3.0 mmol/L, e.g. <1.4 mmol/L for those with established cardiovascular disease together with at least a 50% reduction from baseline LDL-C. This cannot be achieved with the recommended treatment in the PMB-X 2023 guidelines. Many patients require the addition of ezetimibe to statins for treatment, and does not promote well-established and proven LDL-C targets for other individuals.

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References
