

Experts recommend screening adults for hypertriglyceridemia every five years

September 7 2012

The Endocrine Society today issued a Clinical Practice Guideline (CPG) for the diagnosis and treatment of hypertriglyceridemia. Triglycerides are a type of fat found in the blood and are associated with cardiovascular risk. The CPG, entitled "Evaluation and Treatment of Hypertriglyceridemia: An Endocrine Society Clinical Practice Guideline" appears in the September 2012 issue of the *Journal of Clinical Endocrinology and Metabolism (JCEM)*, a publication of The Endocrine Society.

The most common reasons for high triglycerides include being overweight, lack of exercise, the metabolic syndrome, [type 2 diabetes](#), and familial combined hyperlipidemia, a genetic disorder that runs in the family. It results in high triglycerides, high "bad" (low-density lipoprotein, or LDL) cholesterol and low "good" (high-density lipoprotein, or HDL) cholesterol.

"There is increasing evidence that high triglyceride levels represent a [cardiovascular risk](#) and in addition, very high triglyceride level is a risk factor for pancreatitis," said Lars Berglund, MD, PhD, of the University of California, Davis, and chair of the task force that authored the guideline. "The guideline presents recommendations for diagnosis of high triglyceride levels, and recommendations for management and treatment."

Recommendations from the CPG include:

- Because severe hypertriglyceridemia increases the risk for pancreatitis and mild hypertriglyceridemia may be a risk factor for cardiovascular disease, adults should be screened for hypertriglyceridemia as part of a lipid panel at least every five years;
- Diagnosis of hypertriglyceridemia should be based on fasting triglyceride levels and not on non-fasting [triglyceride levels](#);
- Individuals found to have any elevation of fasting triglycerides should be evaluated for secondary causes of hyperlipidemia including endocrine conditions and medications. Treatment should be focused on such secondary causes;
- Patients with primary hypertriglyceridemia should be assessed for other cardiovascular [risk factors](#), such as central obesity, hypertension, abnormalities of glucose metabolism, and liver dysfunction;
- Clinicians should evaluate patients with primary hypertriglyceridemia for family history of dyslipidemia and cardiovascular disease to assess genetic causes and future cardiovascular risk; and
- Initial treatment of mild-to-moderate hypertriglyceridemia should be lifestyle therapy, including dietary counseling to achieve appropriate diet composition, physical activity, and a program to achieve weight reduction in overweight and obese individuals.

The Hormone Health Network has published a companion patient guide to this CPG. The patient guide, which can be found online at <http://www.hormone.org/Resources/upload/PG-Hypertriglyceridemia-web.pdf>, explains how hypertriglyceridemia impacts the body and discusses treatment options.

Provided by The Endocrine Society

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