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Setting the Bar: Guideline-Recommended Treatment in Hypertriglyceridemia

Announcer:

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Dr. Ray:

This is CME on PACE CME and ReachMD. I'm Kausik Ray and joining me today is Professor Børge Nordestgaard. Welcome, Børge.

Dr. Nordestgaard:

Hello. Nice to see you, Kosh.

Dr. Ray:

Børge, as I've got you here now, what I want to ask you is about triglycerides. We're here to talk about triglycerides, and what are the guidelines say about triglycerides and levels, particularly in relationship to pancreatitis?

Dr. Nordestgaard:

Thank you for this excellent question. I would like, now, both to talk about the evidence and the guidelines.

Dr. Ray:

OK.

Dr. Nordestgaard:

Because there's not very good evidence for specific cut points.

Dr. Ray:

Right.

Dr. Nordestgaard:

And despite that, the different guidelines, they always put a cut point because clinicians want that. So, in the US, typically it has been said that if triglycerides is about 500 milligram per deciliter, which is like 5.7 millimoles per liter, the risk of pancreatitis is so high, you should treat triglycerides. Whereas European guidelines, they have used 10 millimoles per liter, which is corresponding to 880 milligram per deciliter as the cut point where you should be worried about pancreatitis.

But the reality of the facts, the data, is that any increase in triglycerides from above 100 milligram per deciliter, 1 millimole per liter, is actually associated with more risk of acute pancreatitis. So, just slightly elevated. Of course, the risk is lower than when it becomes very high, so I can't tell you exactly when it is high, but most clinicians that see patients, they'd say it's typically about 10 millimoles per liter before they really see the pancreatitis episodes. Maybe those with lower levels, they do something, they eat a lot of fat, and then they get above that cut-point, and that's maybe what actually happens. And currently lipid-lowering therapy often fails to bring triglycerides down. So, once it's above 10 millimole per liter or 1,000 milligram per deciliter. And that's why there's a huge unmet medical need for

finding new drugs that can actually do that because these patients are actually – they just live there. They get one pancreatitis after the other.

Dr. Ray:

So, that was a great overview. Thank you. If you had one take-home, what would that be?

Dr. Nordestgaard:

It is that any increase in triglycerides is associated with increased risk of pancreatitis but also associated with atherosclerotic cardiovascular disease. When you really get worried for your patient is if it's above maybe 5 or 10 millimoles per liter or above 500 or 1,000 milligram per deciliter, then you should worry a lot and try to do what you can to bring it down.

Dr. Ray:

So, simple message is that any elevation above 100 is starting to increase your risk of pancreatitis and perhaps the focus that we previously had, it's at too high a level. And whilst that kind of still promotes urgency, we should think about it and much, much lower levels as well.

That's all we have time for, Børge. Thank you for being such a wonderful participant in this discussion. Thank you.

Dr. Nordestgaard:

Also, always lovely to discuss with you, Kosh. And thank you to the audience.

Announcer:

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