

How should diabetic dyslipidemia be treated?

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TO THE EDITOR: The case presented by Hsueh and colleagues¹ is interesting and illustrative. The options for fibric acid derivatives are equally listed as gemfibrozil and fenofibrate. It should be noted, however, that current multisociety guidelines recommend statin treatment for most patients with diabetes,² and fenofibrate is the preferred fibric acid derivative to use in combination with a statin. Gemfibrozil has been associated with a higher risk of muscle-related toxicity when combined with statin therapy due to inhibitory effects on the statin metabolic pathway and subsequent increases in plasma statin concentrations.³ US Food and Drug Administration labeling includes this precaution and states that the benefits of combination use of gemfibrozil and statins do not outweigh the risks.

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IN REPLY: We agree that statin therapy is first-line treatment for primary prevention of atherosclerotic cardiovascular disease for patients with diabetes mellitus who are 40 to 75 years of age.¹ However, severe hypertriglyceridemia (fasting triglycerides ≥ 500 mg/dL and especially $> 1,000$ mg/dL) in diabetic patients, such as our patient,² may warrant pharmacologic therapy with fibric acid derivatives, fish oil, or both to reduce the risk of acute pancreatitis.³ Thus, lifestyle modifications, glycemic control with oral hypoglycemic agents, and fenofibrate therapy were initially prescribed to our patient.²

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