

Raised triglycerides >4.5 mmol/L

Consider and manage secondary causes: see **Box 1**

>20 mmol/L
Likely due alcohol excess or poor glycaemic control?

Yes No

Manage/refer to appropriate service for diabetes and/or alcohol

10-20 mmol/L
Repeat fasting in 5-14 days

Still >10 mmol/L
Likely due to alcohol excess or poor glycaemic control?

Yes

No

Maximum intervention achieved
Triglycerides still >10 mmol/L

4.5-9.9 mmol/L
Confirmed fasting
Primary or secondary prevention?

CVD
Secondary prevention

CVD Primary prevention

Non HDL-C >7.5

Non-HDL-C <7.5

Optimise statin:
Atorvastatin 80 mg if possible.
See guideline: Lipid modification in secondary prevention of cardiovascular disease

Non-HDL-C remains >2.5 mmol/L

Assess CVD risk with QRisk3
Consider statin even if risk <10%*

Refer to Lipid Clinic

Box 1: Causes of raised TGs

- Alcohol excess
- Diabetes mellitus with poor glycaemic control
- Obesity
- Diet high in fat and/or refined CHO
- Metabolic syndrome phenotype often including central obesity, NAFLD, PCOS, family history of T2DM

Drugs

- Oral steroids
- Oral oestrogens
- Atypical antipsychotics
- Anti-HIV drugs
- Retinoids

Clinical considerations with high triglycerides

1. Very high TGs increase risk of acute pancreatitis
2. *Moderately raised TGs increase CVD risk but there is no evidence that fibrates reduce this
3. TGs >4.5 mmol/L prevent the calculation of LDL-cholesterol
4. Raised TGs are NOT a feature of familial hypercholesterolaemia