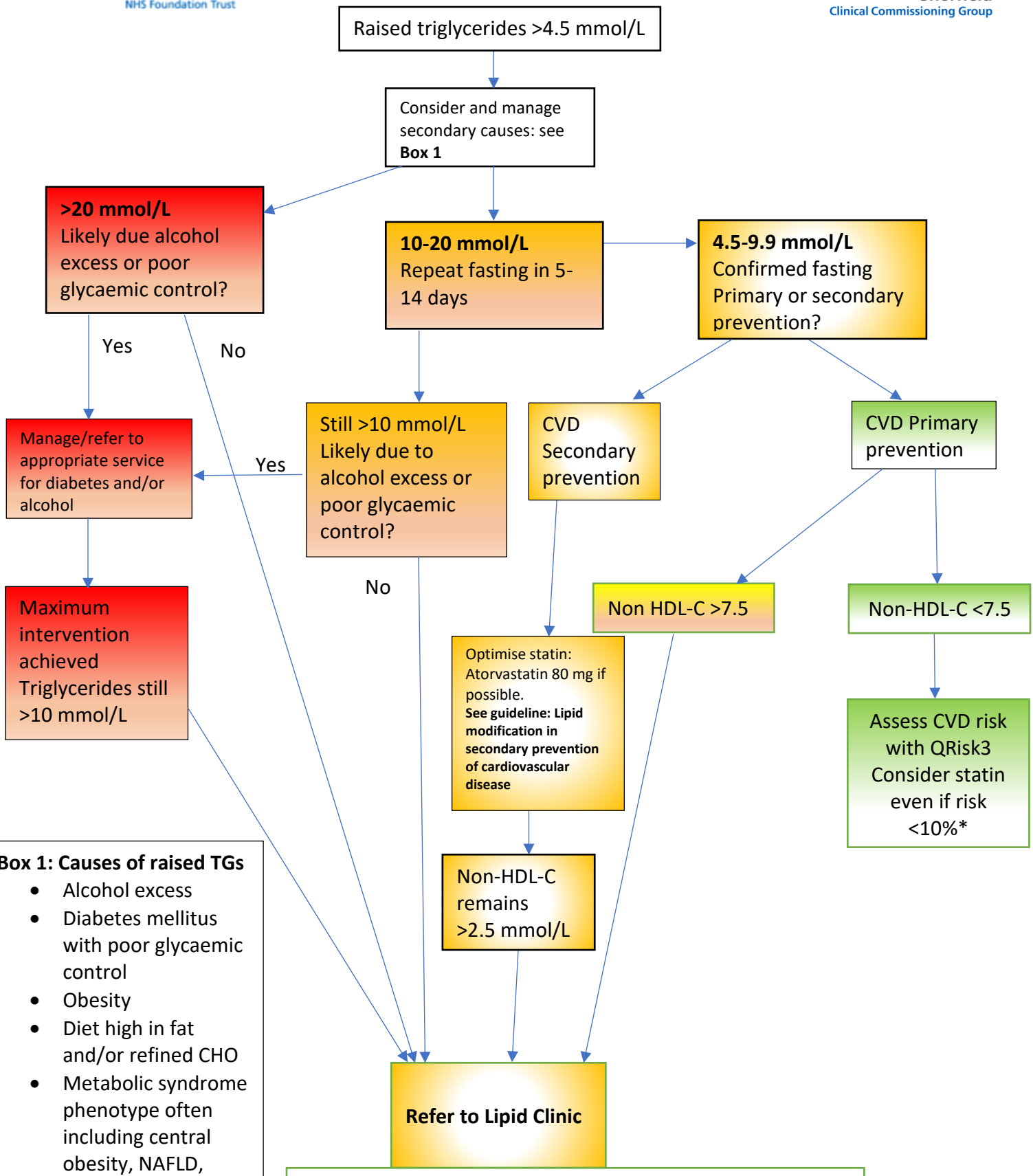
Sheffield Teaching Hospitals NHS
NHS Foundation Trust

NHS Sheffield
Clinical Commissioning Group



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

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