

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/heart-matters/aace-guideline-updates-dyslipidemia-t2d/54149/>

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Updated AACE Guidance on Managing Dyslipidemia in T2D

Announcer:

This is *Heart Matters* on ReachMD. On this episode, Dr. Scott Isaacs will share updated American Association of Clinical Endocrinology guidance on dyslipidemia management in patients with type 2 diabetes. Dr. Isaacs is the Immediate Past President of the American Association of Clinical Endocrinology and an Associate Professor of Medicine at Emory University School of Medicine. Let's hear from him now.

Dr. Isaacs:

The reason why dyslipidemia management is such an important pillar in the 2026 diabetes algorithm is because in type 2 diabetes, dyslipidemia is a major driver of cardiovascular risk, and the algorithm states that type 2 diabetes alone confers at least moderate to high cardiovascular risk, depending on age and other risk factors.

And the dyslipidemia algorithm recommends statin therapy as foundational care, with most adults with type 2 diabetes having an indication for high-intensity statin therapy for primary prevention of cardiovascular disease. And so for patients who have type 2 diabetes and have at least one risk factor, the algorithm targets a 50 percent reduction in LDL or a goal of below 70.

If the LDL remains above goal on maximally tolerated statin therapy, then ezetimibe is added on next, followed by additional medications such as bempedoic acid, PCSK9 inhibitors, or bile acid resins, depending on the clinical scenario. And for elevated triglycerides, if they're in the range of 150 to 499, clinicians first need to intensify glycemic management, intensify statin therapy, look for secondary causes of hypertriglyceridemia, and consider icosapent ethyl in patients who are at high risk and are already on statins. But for patients who have triglycerides above 500, that's where fibrate therapy should be considered mostly to lower pancreatitis risk.

Announcer:

That was Dr. Isaacs discussing updated AACE guidance on dyslipidemia management for patients with type 2 diabetes. To access this and other episodes in our series, visit *Heart Matters* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!