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Severe hypertriglyceridemia and successful approach in lifestyle modification, a clinical case

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Background & Aim: Hypertriglyceridemia is defined as triglyceride levels (TG) > 150 mg/dL. After the age of 20, the prevalence is about 25-35%. Severe forms (TG > 1000 mg / dL) increase the risk of pancreatitis and the presence of metabolic syndrome should be evaluated. Although undervalued, the role of lifestyle modification and family intervention are paramount towards disease control.

Methods/Results: We describe the clinical case of a 52 years-old female patient, with type II diabetes mellitus (DMII), with parsimonious control under oral antidiabetic treatment (HbA1C 10,8mg / dL), obesity, large waist circumference, high blood pressure, documented atherosclerotic disease, severe hypertriglyceridemia despite treatment with fenofibrate (TG >2000 mg / dL) and a history of pancreatitis. Regarding family history, she referred a sister with severe hypertriglyceridemia and DMII and their father died at age 43 from acute myocardial infarction.

A plan was carried out in order to promote lifestyle changes, with a focus on diet and exercise. Treatment with insulin was also initiated and the patient was observed regularly. Three months after the initial intervention, there was a significant decrease in weight and improvement in TG values and HbA1C. Nonetheless, the patient was referred to Endocrinology.

Conclusions: Hypertriglyceridemia is an important cardiovascular [CV] risk factor and besides pharmacologic treatment, the lifestyle measures are essential to prevent the occurrence of events. Additionally, the control of other risk factors, like DM, is of crucial value.

Finally, the presence of severe hypertriglyceridemia in first-degree relatives or appearance of early CV disease should prompt family study and intervention."