

The Diagnosis and Treatment of Hypertriglyceridemia

by Prof. Dr. med. Klaus G. Parhofer, Prof. Dr. med. Ulrich Laufs in issue 49/2019

Measuring Triglycerides Is Mostly not Necessary

The authors postulate cardiovascular risk from increased triglyceride concentrations, which would actually be a reason for measuring this parameter (1). They do not, however, provide proof for their claim—the cited reference ([7] in the article) refers only to an association of hypertriglyceridemia and pancreatitis. The German College of General Practitioners and Family Physicians (*Deutsche Gesellschaft für Allgemeinmedizin und Familienmedizin*, DEGAM) in its guideline (2) does not make any mention of an increased cardiovascular risk—contrary to what was claimed in the article—but wrote: “The relevance/importance of triglycerides for the cardiovascular risk is the subject of controversy.”

Much space is taken up by the table showing the European recommendations for the treatment of dyslipidemias. Furthermore, the close relations between the European Society of Cardiology (ESC) and the pharmaceutical industry should raise substantial skepticism. The evidence levels falsely suggest a patient-relevant benefit. For fibrates, no lowering of cardiovascular mortality has been confirmed (3).

In Reply:

The original article by Pedersen et al. (1) proves unequivocally that the risk for myocardial infarction increases to a highly significant degree with rising triglyceride concentrations. Compared with triglyceride measurements below 1 mmol/L (89 mg/dL), in hypertriglyceridemia the hazard ratio for myocardial infarction rises to 1.6 (triglyceride values 1.00–1.99 mmol/L), 2.2 (2.00–2.99 mmol/L), 3.2 (3.00–3.99 mmol/L), 2.8 (4.00–4.99 mmol/L) and 3.5 (≥ 5.00 mmol/L) (1). The importance of triglycerides for cardiovascular risk has been shown in numerous further studies that are cited in our article (2). In accordance with these data, the DEGAM guideline (Table 10 in the guideline) points out the increased cardiovascular risk in hypertriglyceridemia (3). The European recommendations on the treatment of dyslipidemias (4) rightly take up a great deal of space in the article because it summarizes the currently available evidence very well. In the European recommendations, as well as in our article (2), it is clearly stated that in hypertriglyceridemia, no evidence exists from RCTs that fibrates in combination with statins lower the cardiovascular risk. Similarly, we discuss (4) the problems of the comparator (mineral oil) used in the REDUCE-IT Study.

Our article (2) summarizes the current knowledge on hypertriglyceridemia. We are therefore convinced that we counteract potential overdiagnosis or overtreatment with this article.

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What remains unclear is whether the benefit of high-dose fish oil in the REDUCE-IT Study was not a function of the fact that in the control arm, the comparison substance used was mineral oil (4). Articles such as this one (1) substantially contribute to overdiagnosis and overtreatment. DOI: 10.3238/arztebl.2020.0224a

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Conflict of interest statement

The author is a member of the DEGAM working group for the guideline on cardiovascular prevention.

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