



Diagnosing dyslipidaemia

About this series

The aim of the "How to" series is to provide readers with a guide to clinical procedures and aspects of diabetes care that are covered in the clinic setting.

What and why

NG28⁶ on type 2 diabetes management states that we refer to the recommendations in CG181⁵ on cardiovascular disease and the NICE pathway for myocardial infarction⁴ on how to diagnose and manage dyslipidaemia in people with type 2 diabetes.

Risk assessment

CG181⁵ recommends using QRisk[®]2 2017 to calculate cardiovascular risk (www.qrisk.org). However, the JBS3 risk assessment tool offers some additional features, such as explaining life years gained by modifying risk factors (www.jbs3risk.com).

Useful definitions

- Primary prevention of CVD: interventions that aim to prevent or delay the onset of CVD in people who have no clinical evidence of CVD.
- Secondary prevention of CVD: interventions that aim to reduce the impact and prevent the progression of the disease in people with established CVD (e.g. angina, peripheral vascular disease, previous myocardial infarction or stroke).

Baseline monitoring

Smoking status, alcohol consumption, blood pressure, BMI, HbA_{1c}, renal function and eGFR, transaminase levels, thyroid-stimulating hormone.

* Remember to identify and manage remediable causes of elevated lipids (e.g. poor glycaemic control or excess alcohol intake if elevated TGs) if possible prior to referral.



