



Step 4: Support Lifestyle Change

Physical Activity:

- Regular, moderate-intensity physical activity
- Minimum 30-minutes, preferably 60 minutes (may be broken up into segments)
- 5 days/week, preferably daily

Diet Modification:

- Caloric restriction for weight loss
- Choose high-fiber carbohydrates (avoid refined grains)
- Limit simple sugars
- Increase fruits & vegetables to 4-6 servings/day
- Choose monounsaturated fats: canola, olive, or peanut oil
- Avoid trans fat and limit saturated fats to < 7% total calories
- Add Omega 3 fatty acids: fish, flax seed, nuts

Alcohol & Smoking:

- Limit alcohol intake (avoid completely for TG \geq 500 mg/dL)
- Complete smoking cessation

Follow-up Assessment (4-8 weeks):

- First line therapy should be initiated with follow-up assessment of lipids and lifestyle in 4-8 weeks.

A Note on First Line Therapy:

- Borderline high TG (150-199 mg/dL) are not a direct target of drug therapy. Lifestyle changes including routine physical activity and diet modifications are considered first line therapy.
- High TG (200-499 mg/dL) also utilize lifestyle changes as first line therapy. Statins may be used alone in high doses, or in low to moderate doses combined with fibrates or niacin to achieve non-HDL targets.
- Very high TG (\geq 500 mg/dL) utilize lifestyle changes including low-fat diet (\leq 15% total calories from fat), weight management, physical activity, and drug therapy including fibrates, niacin, or omega 3 fatty acids.

Step 5: Pharmacologic Therapy *(refer to PDR for contraindications)*

	Agents	Lipid Effects	Adverse Effects
Fibrates	Fenofibrate Tricor (145 mg) Lofibra (200 mg) Antara (200 mg)	LDL-C ↓ 5%–20% (may ↑ in pts with high TG)	Dyspepsia Gallstones Myopathy (especially when combined with statins) Increased Creatinine
	Gemfibrozil Lipid (600–1200 mg)	HDL-C ↑ 10%–20% TG ↓ 20%–50%	
Niacin	Immediate Release (Crystalline) Nicotinic Acid (1.5–3 g)	LDL-C ↓ 5%–25% HDL-C ↑ 15%–35% TG ↓ 20%–50%	Flushing, Hyperglycemia, Hyperuricemia (or gout), Upper Gastrointestinal Distress, Hepatotoxicity
	Extended Release Niaspan (1–2 g)		Tips for Decreasing Side Effects: <ul style="list-style-type: none"> • Take extended release formula at bedtime • Take with food (light snack) • Pre-medicate with aspirin (30 min. before) • Avoid hot spicy foods, hot beverages, and alcohol
Omega 3 Fatty Acids	OTC Fish Oil Consume 2–4 g of EPA plus DHA daily in capsules	TG ↓ 20–40%	Gas (belching, flatulence), abdominal discomfort, loose stools. Caution for those with fish allergies.
	Prescription Fish Oil Lovaza* 4 g daily 1 g capsules (2 BID with Meals)	TG ↓ 45% HDL ↑ 9%	Tips for Decreasing Side Effects: <ul style="list-style-type: none"> • Take with meals • Increase dose gradually • To reduce belching, store in the refrigerator or freezer and swallow cold

* Only indicated for very high TG