

Is dyslipidemia adequately controlled in type 2 diabetics in primary care? Analysis of 183 patients

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Objectives

To evaluate the degree of control of atherogenic dyslipidemia in patients with type 2 diabetes mellitus (T2DM) in primary care.

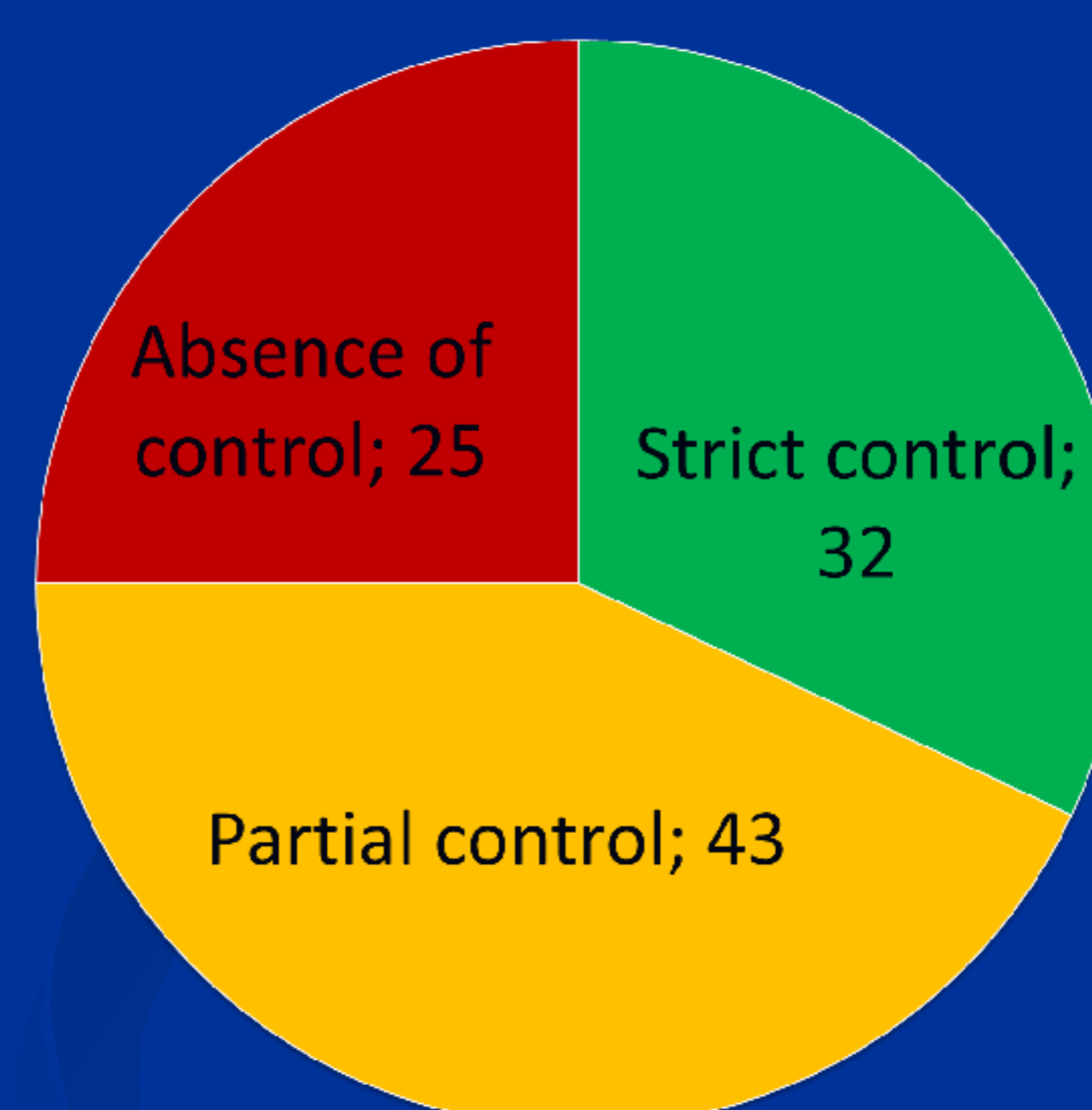
Methods

- Retrospective cohort study
 - Inclusion criteria: T2DM patient followed in a primary care setting.
 - Patients were classified according to the following criteria:
 - 1) **Strict control of dyslipidemia: LDL<100 mg/dl and triglycerides < 150 mg/dl**
 - 2) **Partial control of dyslipidemia: LDL≥100 mg/dl or triglycerides ≥150 mg/dl**
 - 3) **Absence of control of dyslipidemia: LDL≥100 mg/dl and triglycerides ≥150 mg/dl**
- Treatment with lipid-lowering drugs (statins, fibrates, nicotinic acid, ezetimibe) was also collected.

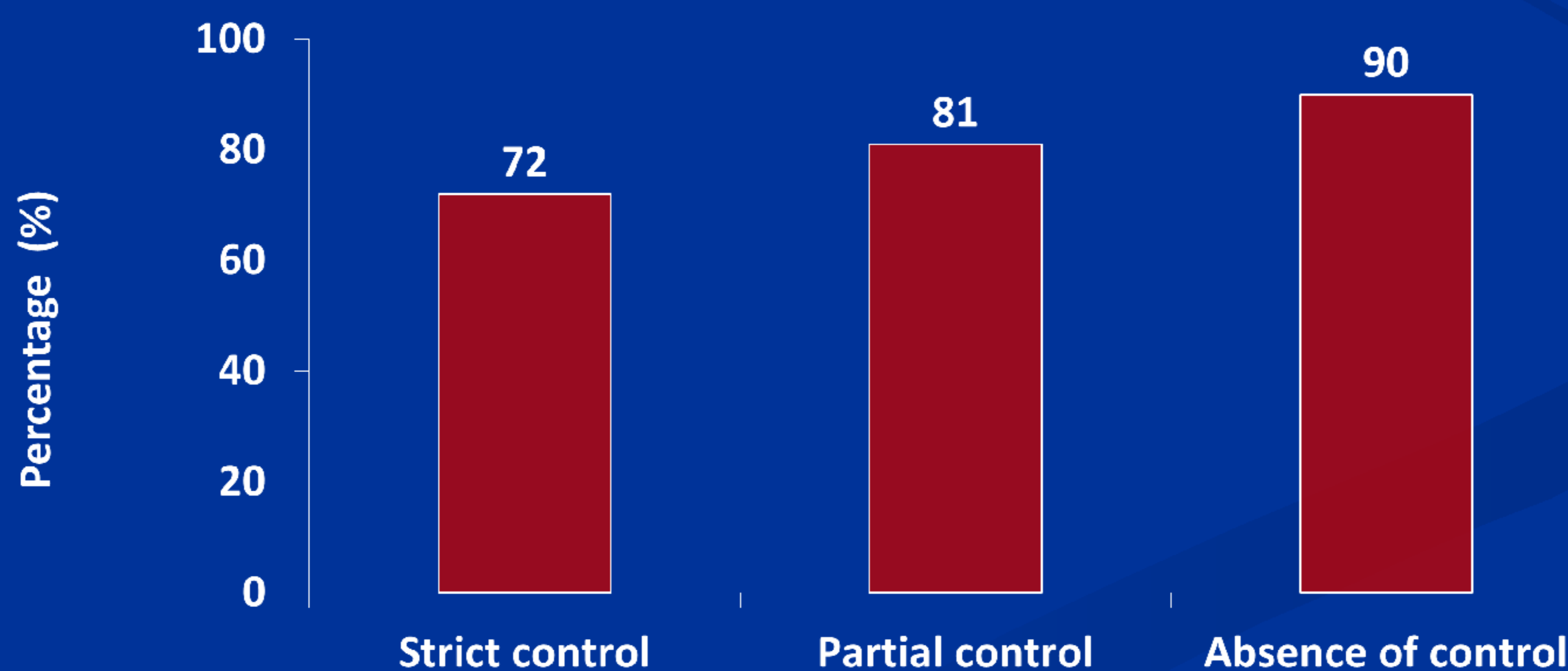
Basal characteristics (n-183)

Age (years)	62,1 ± 8,3
Male (%)	41,6
BMI (kg/m ²)	31,2 ± 2,3
Creatinine (mg/dl)	0,8 ± 0,4
Hba1c (%)	7,1 ± 0,3
Cholesterol (mg/dl)	221 ± 31
Triglycerides (mg/dl)	174 ± 53
LDL-cholesterol (mg/dl)	121 ± 34
HDL-cholesterol (mg/dl)	41 ± 12

Degree of control of dyslipidemia (%)



Associated lipid-lowering treatment according to dyslipidemia control (%)



Conclusions

Despite the high rate of lipid-lowering therapy in patients with T2DM, a significant percentage of patients do not achieve recommended lipid goals.

