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Personal Viewpoint

Addressing Dyslipidaemia in Diabetes: A Personal Viewpoint

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Why am I writing this? I asked myself this question and I got an answer immediately. One of the most frequent observations during my day-to-day clinical practice is medicine non-compliance. People stop medicines for various reasons, which includes financial restrictions, non-availability and most commonly, ignorance about the importance of medicines. Another reason I have also begun to observe is "Differential Medicine Non-Compliance" - where patients only take anti-diabetic and antihypertensive medicines and stop taking "statins". The patients argue that "my lipid profile is normal so why should I take medicines?"

Dyslipidaemia is the most common and treatable risk factor. It is present in 25-30% in urban and 15-20% of the rural population. Here are a few factors to consider.[1]

Gupta et al. evaluated the cardiovascular risk factors in an Indian population-based study comprising of 6,198 patients. The prevalence of hypercholerolemia was 41.4% vs. 14.7%; hypertriglyceridemia was 71% vs. 30.2%; and low HDL was 78.5% vs. 37.1% ($p<0.001$).[2] Dyslipidaemia is a big problem in India. The good part is that it is treatable and the bad is that lots of people with type 2 diabetes mellitus miss the opportunity to save themselves from Acute Coronary Syndrome, stroke and death. One meta-analysis involving 4351 patients with T2DM, reported that compared to placebo standard dose, statin treatment resulted in a significant relative risk reduction of 15%, in any major cardiovascular or cerebrovascular event.[3] We have observed similar results in India.[4] The benefits of statin therapy are tremendous. The American Diabetes Association (ADA 2020) recommends that every type 2 diabetes mellitus above 40 years should be given statin as primary prevention.[5]The Lipid Association of India's expert consensus statement 2016 states that statin therapy is highly effective in lowering in non-high-density lipoprotein cholesterol (non-HDL-C), low-density lipoprotein cholesterol (LDL-C), apolipoprotein B and remnant cholesterol. They also state that it is very safe.

The reluctance to prescribe statins is at two levels. Many clinicians often miss the statin prescription. This happens sometimes due to busy practice or ignorance. Most patients always inquire about their blood sugar and blood pressure but not many ask about their lipid values. Patients fear both those parameters as many of them understand that uncontrolled blood sugar and blood pressure will affect their vital organs. But the awareness that lipid-lowering drugs are not only beneficial but also life-saving somehow is completely lacking among our population. The benefits of metabolic memory are documented with good blood sugar and blood pressure control, but it is not seen with good lipid control.[6]

The question that now arises is what should be done? We should not forget that most of us deal with a diabetic population of variable understanding and awareness. The root cause of ignorance here is the complete lack of "Diabetes Education". We don't have an organised diabetes education program in India. While the clinicians are too busy, the patients do not recognise the value of education.

Most of us need to understand that to have good diabetes control, a good "Diabetes Education" is necessary. We should more often talk about Lipid Education with both doctors and patients. When both the parties understand this, the execution would be easier. There is a lot that can be achieved by one life-saving statin-pill.

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