
Hyperlipidemia: Treatment

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Introduction You'll frequently encounter cases of hyperlipidemia among your patients on the psychiatric unit. Individuals with chronic mental illnesses are at a higher risk due to poor dietary habits, inadequate health care follow-up, smoking and lack of physical exercise. Their use of antipsychotic medications further exacerbates the risk. In this section we outline interventions you can implement directly on the psychiatric unit and provide guidance on when to involve a primary care physician or cardiologist.

Lifestyle Modifications

- **Diet:** In your diet orders, select heart-healthy dietary choices, like cardiac, low-fat, or Mediterranean diets.
- **Exercise:** Encourage participation in the unit's daily exercise programs.
- **Smoking Cessation:** Support smoking cessation with nicotine replacement therapies like gums, lozenges, or patches.
- **Weight Management:** Advise patients about maintaining a healthy weight through diet and exercise.

Medication Review:

- Review the patient's medication regimen to identify and minimize the use of drugs that are known to affect weight and lipid profiles negatively. Instead of medications like Clozapine and Olanzapine, which are associated with significant weight gain and increases in lipid levels, prescribe alternatives like Aripiprazole or Ziprasidone.

Pharmacological Management

- **Statins:** These are the first-line medications for most patients with hyperlipidemia. Start with Atorvastatin (10-80 mg daily) or Simvastatin (20-40 mg nightly).
 - **Side effects:** Monitor for common side effects such as muscle aches, headache, gastrointestinal disturbances, and liver abnormalities. If severe muscle pain or weakness develop (these are rare), immediately check CK levels to assess for potential muscle injury
 - **Monitoring:** Obtain baseline Liver Function Tests (LFTs) and Creatinine Kinase (CK); repeat LFTs 12 weeks later if the patient is still on the unit.
 - **Interactions:** Be cautious of interactions with grapefruit and some drugs (eg, Verapamil) that can increase the risk of statin-induced muscle damage (rhabdomyolysis).

Refer patients to a primary care physician or cardiologist:

- In cases of persistent abnormal lipid levels, significant cardiovascular risk factors, or a history of cardiac events.
- A consultant may move on to treatments such as: fibrates like fenofibrate or gemfibrozil (primarily for high triglycerides); bile acid sequestrants like cholestyramine; niacin; and ezetimibe (a cholesterol absorption inhibitor) as needed.