



Data from FIELD: Dyslipidaemia an important discriminator of cardiovascular risk

Marked dyslipidaemia, including low HDL cholesterol and elevated triglycerides, was a key factor influencing cardiovascular risk in patients with type 2 diabetes and features of the metabolic syndrome, according to new data from the FIELD study. These findings were reported at the Scientific Sessions, American Heart Association Annual Meeting 2007.¹

The FIELD (Fenofibrate Intervention and Event Lowering in Diabetes) study evaluated the effects of long-term treatment with fenofibrate compared with placebo on cardiovascular disease events. In a pre-specified analysis, the researchers investigated the effect of fenofibrate according to the presence of features of the metabolic syndrome, based on the National Education Program Adult Treatment Panel III criteria.² Low HDL cholesterol was defined as < 40 mg/dL in men and < 50 mg/dL in women. Consistent with other trials, marked dyslipidaemia was defined as low HDL cholesterol plus elevated triglyceride levels (≥ 200 mg/dL).

Cardiovascular risk was higher in patients with each feature of the metabolic syndrome, than in those without any features, except for waist circumference. Patients with low HDL cholesterol and elevated triglycerides were at greatest cardiovascular risk. These patients also had the largest absolute reduction in cardiovascular events with fenofibrate treatment (from 17.8% with placebo to 13.5% with fenofibrate, absolute reduction 4.3% over 5 years, $p=0.01$). In patients with low HDL cholesterol alone, treatment with fenofibrate led to a 2.1% absolute reduction in cardiovascular events over 5 years ($p=0.02$).

These data emphasise the importance of therapeutic intervention against mixed dyslipidaemia associated with the metabolic syndrome or type 2 diabetes.

Reference

1. Scott R, d'Emden M, Best J et al. Features of metabolic syndrome identify individuals with type 2 diabetes mellitus at high risk for cardiovascular events and greater absolute benefits of fenofibrate. *Circulation* 2007;116:II_838. Abstract 3691.
2. Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III). Final report. *Circulation* 2002; 106:3143-3421.