

Hyperlipidemia Patient Case #A

SCENARIO: A 44-year-old obese man (NKDA) who has no history or coronary artery disease; DVT 3 months ago

Social history: Drinks 2 cans of beer a day and smokes ½ pack of cigarette a day

Family history: Father has lipid disorder; Mother had MI at age 50

Physical exam: HR = 84, BP = 145/101, weight = 302 pounds, waist circumference 43"

Current Medication: (NKDA) warfarin 5 mg po daily, hydrochlorothiazide 25 mg po daily, multivitamin with minerals daily.

Lab:

Fasting Lipid Profile	
Total cholesterol	255 mg/dl
Triglycerides	350 mg/dl
LDL-C	143 mg/dl
HDL-C	42 mg/dl
glucose (fasting)	120 mg/dl
ALT	42 (0-34 U/L)
AST	45 (7-42 U/L)
Total bilirubin	0.9 (0.1-1.0 mg/dl)
Amylase	95 (25-125 IU/L)
INR	2.7

New Medication: Gemfibrozil 600 mg po twice daily

Counsel patient on the following:

- ❖ Lipid profile results, 10-year cardiac risk (see Framingham estimate of 10-year risk) and cholesterol goals
- ❖ CHD risk factors
- ❖ Lifestyle modification (diet and exercise)
- ❖ Gemfibrozil

Hyperlipidemia Patient Case #B

SCENARIO: A 65-year-old woman (NKDA) who has no history of coronary heart disease.

Social History: non-smoker, drinks 1 glass wine at dinner

Family history: Father died of MI at age 45

Physical Exam: BP = 120/82, HR = 70, weight = 162 pounds

Current medication: (Penicillin allergy) L-thyroxine 0.05 mg po daily, lisinopril 10 mg po daily

Lab:

Fasting Lipid Profile (after 6 months of diet therapy)	
Total cholesterol	260 mg/dl
Triglycerides	175 mg/dl
HDL-C	38 mg/dl
LDL-C	193 mg/dl
Fasting Blood Glucose	89 mg/dl
ALT	30 (0-34 U/L)
AST	24 (7-42 U/L)
TSH	6.0 (0.4-4.8 mIU/ml)

New Medication: Simvastatin 20 mg po daily

-
1. **Screen patient for secondary risk factors for developing hyperlipidemia.**
 2. **Counsel patient on the following:**
 - ❖ **Lipid profile results, 10 year cardiac risk (see Framingham estimate of 10-year risk) and cholesterol goals.**
 - ❖ **CHD risk factors**
 - ❖ **Lifestyle modification (diet and exercise)**
 - ❖ **Simvastatin**