Expert Guidelines Recommend Reducing Triglycerides to 500 mg/dL to Lower the Risk of Acute Pancreatitis

Expert Guidelines at a Glance

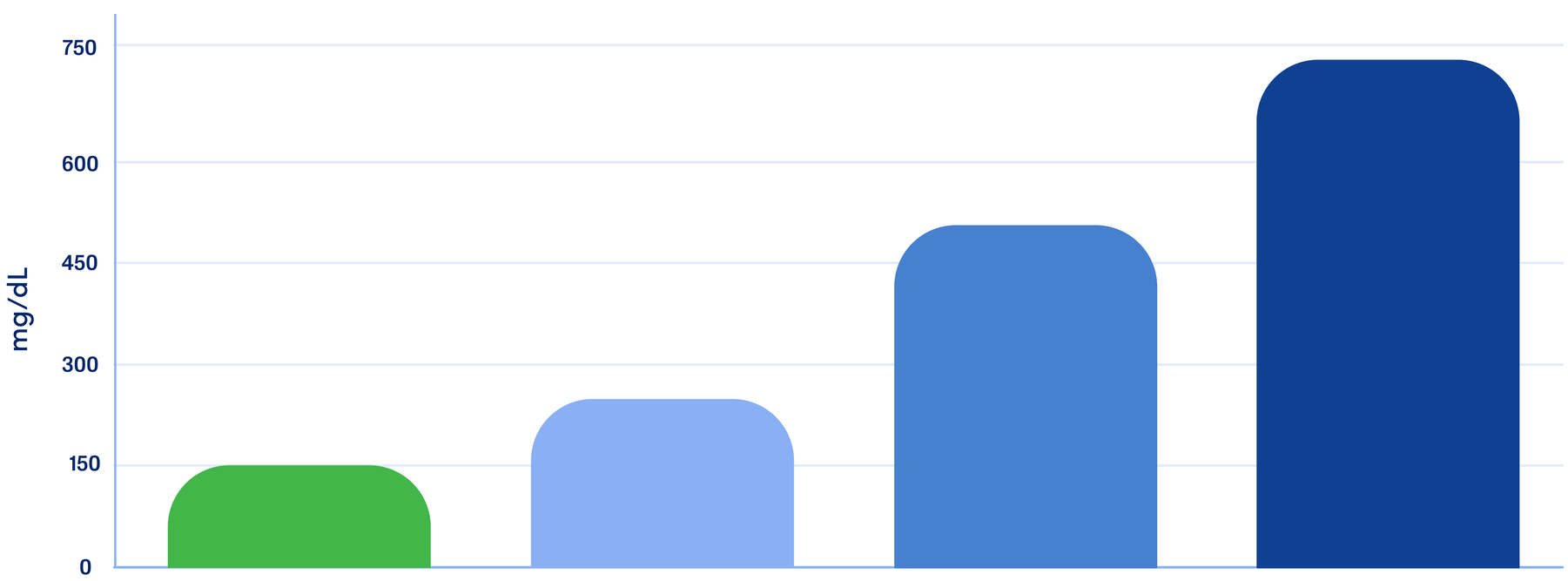
American College of Cardiology (ACC) Expert Consensus Decision

In patients with severe hypertriglyceridemia (triglycerides ≥500 mg/dL and especially ≥1,000 mg/dL), the substantial increase in chylomicrons is associated with an increased risk of acute pancreatitis.[1]

American College of Cardiology (ACC), American Heart Association (AHA), and American Society for Preventive Cardiology (ASPC)*

To prevent acute pancreatitis, it is reasonable to reduce triglycerides whenever levels exceed 500 mg/dL.[4]

Critical Thresholds for Triglyceride Management[5]



Normal
<150 mg/dL

Borderline High
150–199 mg/dL

High
200–499 mg/dL

Very High
≥500 mg/dL
(Significant Risk for Acute Pancreatitis)

Why target <500 mg/dL?

Levels ≥500 mg/dL significantly increase risk for acute pancreatitis—a potentially life-threatening condition requiring immediate intervention. Accumulation of chylomicrons from dietary fat can dramatically spike acute pancreatitis risk after just one meal.

Lipids should be checked every 3 months or more frequently when necessary for patients with triglycerides > 500 mg/dL.

- AACE Consensus Statement[1]

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Explore the link between triglycerides and acute pancreatitis risk at LowerTriglycerides.com

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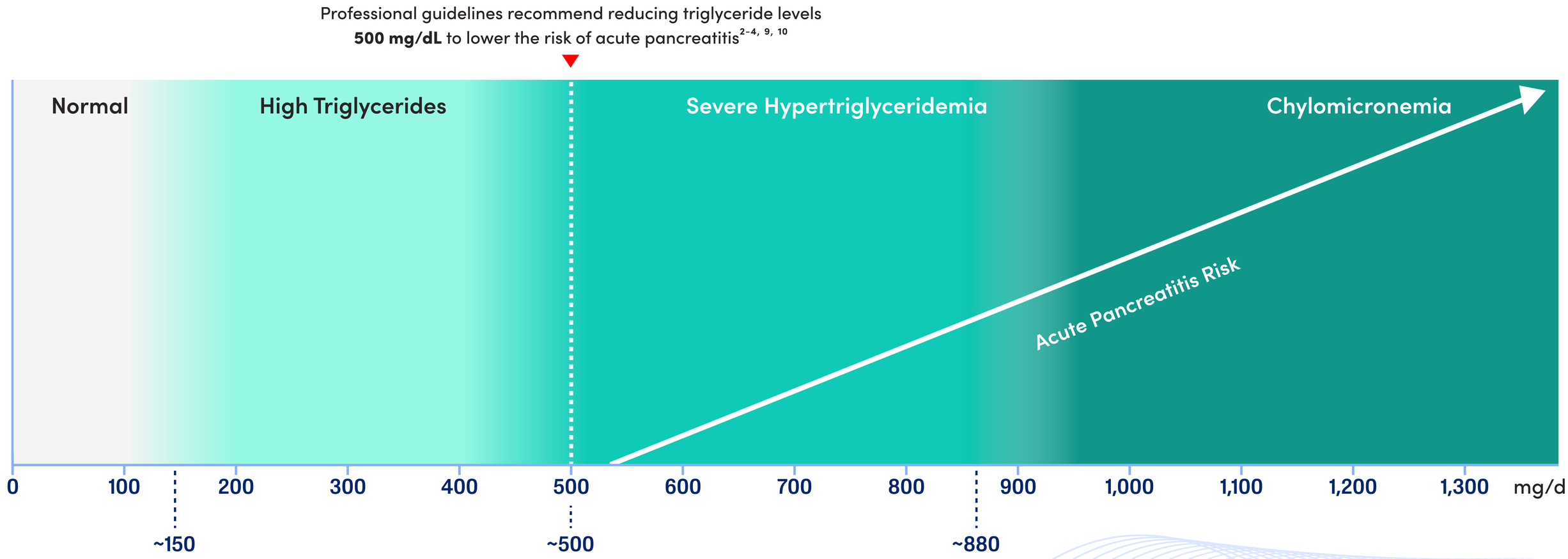
Acute Pancreatitis Risk and Elevated Triglycerides

Identifying those at risk of acute pancreatitis caused by high triglycerides is critical—even one acute pancreatitis event can dramatically increase the chance of a future one[6]. Multiple episodes of acute pancreatitis can damage the pancreas, leading to chronic pancreatitis and insulin-dependent diabetes.[7]

Retrospective cohort study annualized incidence rate of acute pancreatitis. Data were obtained from IQVIA's US ambulatory electronic medical records database (N=7,119,195)

Disorders Associated with Elevated Triglyceride Levels

Patients with severely elevated triglycerides, as seen in Severe Hypertriglyceridemia and chylomicronemia (Multifactorial Chylomicronaemia Syndrome/Familial Chylomicronaemia Syndrome), experience significant morbidity and negative impacts on daily living.[8]



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* 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guidelines on the Management of Blood Cholesterol

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