

## LIFESTYLE MODIFICATIONS

## MEDICATIONS

### Weight Loss ( $\downarrow$ 10-20%, up to 70%)

Most experience ~20% reduction in TGs with 5-10% weight loss but TG reductions up to 70% are possible (dose-dependent relationship).

### Dietary Interventions ( $\downarrow$ >10-50%)

#### Very low-fat diet (20-50%)

- $TG = 500-999 \text{ mg/dL}$ : 20-25% calories from fat
- $TG \geq 1000 \text{ mg/dL}$ : 10-15% calories from fat

#### Low carbohydrates (10-12%)

- Total carbohydrates <50% of total daily calories
- Limit refined grains
- Limit added sugars

### Encourage alcohol abstinence (TG reduction of 20 mg/dL)

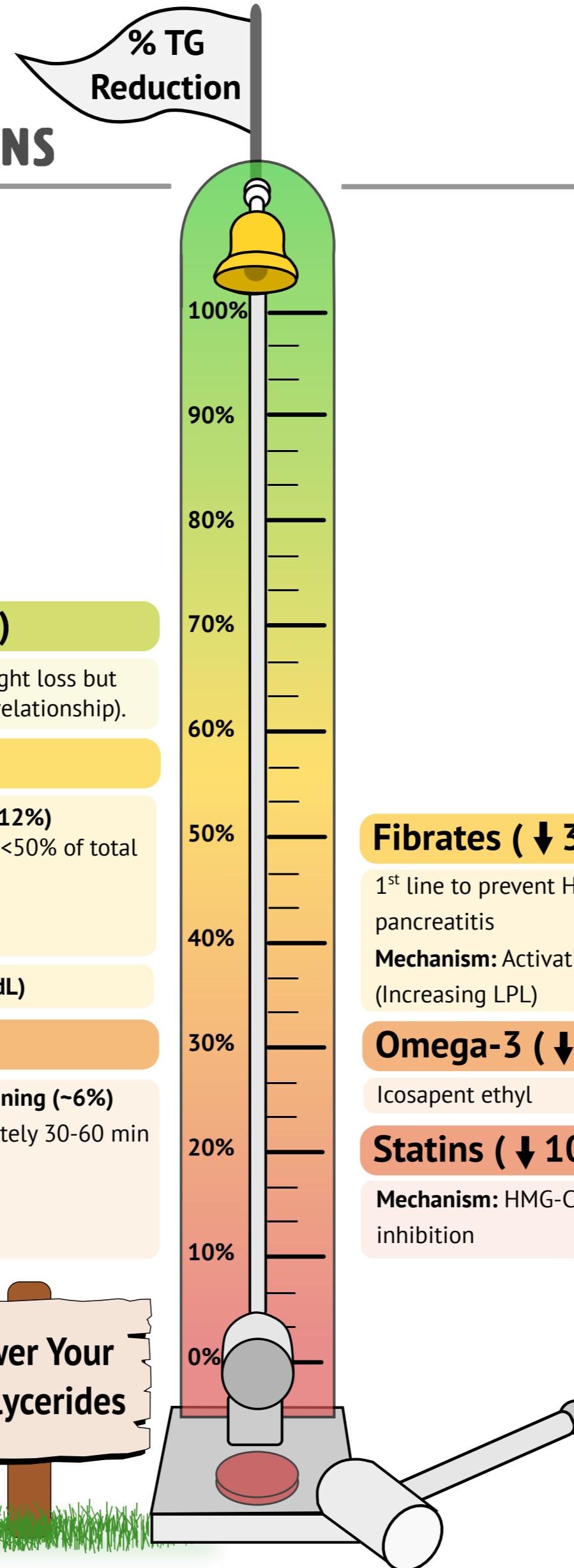
### Physical Activity ( $\downarrow$ up to 30%)

#### Aerobic exercise (~11%)

- $\geq 150$  min/week of accumulated moderate-intensity physical activity
- $\geq 75$  min/week of vigorous-intensity exercise

#### Resistance training (~6%)

- Approximately 30-60 min weekly



The % reduction in triglycerides are estimates from prior studies. Each individual's genetics also play a role. See accompanying episode for more details on indications for each medication.

### Plozasiran ( $\downarrow$ 60%\*)

ONLY in FCS<sup>†</sup>

Mechanism: Small interfering RNA that targets ApoC-III production

### Fibrates ( $\downarrow$ 30-50%)

1<sup>st</sup> line to prevent HTG-induced pancreatitis

Mechanism: Activation of PPAR- $\alpha$  (Increasing LPL)

### Omega-3 ( $\downarrow$ 30%)

Icosapent ethyl

### Statins ( $\downarrow$ 10-30%)

Mechanism: HMG-CoA reductase inhibition

### Olezarsen ( $\downarrow$ 40%\*)

ONLY in FCS<sup>†</sup>

Mechanism: Antisense oligonucleotide that inhibits ApoC-III production

\*Placebo-adjusted treatment difference

<sup>†</sup>FCS: Familial chylomicronemia syndrome