

## 1. In an otherwise healthy patient, what level of triglyceride (TG) and high-density lipoprotein (HDL) with normal cholesterol would prompt you to treat with a fibrate, assuming a trial of dietary treatment has not caused any significant changes in levels?

Question submitted by Dr. James Krahn, Winnipeg, Manitoba

In an otherwise healthy individual, TG levels > 10.0 mmol/L not responding to dietary and lifestyle modification would be associated with a high-risk of acute pancreatitis. This level warrants a strong consideration for pharmacotherapy, such as a fibrate.

For other levels of TGs, the answer is more complex. The Canadian Working Group on Hypercholesterolemia and other Dyslipidemias no longer recommends a discrete target for serum TG levels.<sup>1</sup> Instead, it recommends treating to achieve the target total cholesterol to HDL-cholesterol ratio

(TC/HDL-C), which is based on the individual's cardiovascular risk category. This risk category (low, moderate, or high) is estimated using global cardiovascular risk assessment tables or algorithms.

Achieving this target ratio may require treatment of significantly elevated TG levels (e.g., 5.0 mmol/L to 6.0 mmol/L). For example, in a person with already "normal" or low-density lipoprotein-cholesterol levels, but a high TC/HDL-C ratio, one approach is to use a fibrate; this both improves HDL-C (and hence the ratio) and lowers TGs.

Note this strategy has not yet been proven in the literature. Cardiovascular benefit for fibrate use in this situation is presently extrapolated from evidence from secondary prevention trials using fibrates.

#### References

1. Genest JJ, Frohlich JJ, Fodor G, et al: For The Working Group on Hypercholesterolemia and Other Dyslipidemias. CMAJ 2003; 169(9):921-4.

#### Answered by:

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## 2. *What tests should be done for the elderly syncopal patient without obvious Holter abnormality, whose resting sinus rhythm is of adequate rate?*

Question submitted by Dr. Joan F. Mosakoski, Hamilton, Ontario

Cardiac causes of syncope make up almost 40% of cases in this age group. A normal resting pulse and Holter monitor is a good place to start, but does not rule out "cardiac" syncope. Formal cardiac electrophysiologic testing may also be required.

The other critical diagnoses at this age are brainstem transient ischemic attack (TIA) and seizure. TIAs should be accompanied by other symptoms indicating brainstem involvement. There is, of course, no reliable test for TIA. Magnetic resonance imaging

(MRI) and magnetic resonance angiogram (MRA) of the cerebral vessels looking for signs of ischemia and appropriate arterial involvement can be helpful in select patients, especially if intervention with angioplasty is an option.

Electroencephalography (EEG) is non-invasive, but seldom helpful unless there is strong suspicion of an underlying epileptic disorder. Other tests have limited utility at this age. *Read*

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