

SEVERE HYPERTRIGLYCERIDEMIA (sHTG)

What is sHTG?

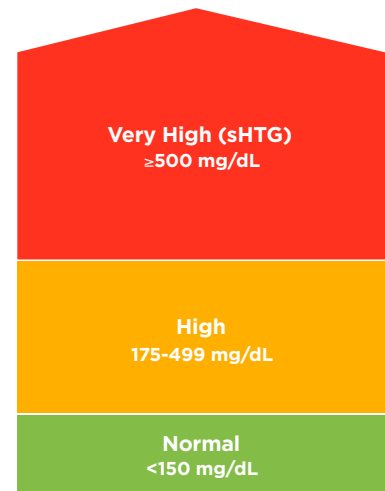
sHTG is defined by **very high** fasting **triglyceride levels** **≥500 mg/dL** and characterized by an increased risk of acute pancreatitis and atherosclerotic cardiovascular disease.¹



>3 million in the U.S. are estimated to be living with sHTG, and **~1 million** are high-risk.*²⁻⁴

* High-risk sHTG includes those with triglycerides ≥ 880 mg/dL, or triglycerides ≥ 500 mg/dL and a history of acute pancreatitis or other comorbidities.

Normal vs. Very High Fasting Triglycerides¹



sHTG can be caused by a combination of factors, including:^{1,5}

- Lifestyle**
 (e.g., high alcohol intake, poor diet)
- Clinical conditions**
 (e.g., diabetes, obesity, HIV, pregnancy)
- Medications**
 (e.g., antidepressants, oral contraceptives, antiretrovirals)
- Genetic factors**
 (e.g., familial chylomicronemia syndrome, multifactorial chylomicronemia syndrome)

What are the risks of sHTG?

The **risks associated with sHTG are often underestimated and potentially life-threatening**, as triglycerides unlike other lipids can fluctuate greatly between fasting and non-fasting states.^{1,6}

The risks increase as triglyceride levels continue to rise.^{1,7,8}

- Acute Pancreatitis:**
 - Considered a medical emergency, acute pancreatitis causes debilitating abdominal pain that often requires prolonged hospitalization, can lead to permanent organ damage and be life-threatening.⁹
 - Once a patient with sHTG has had an episode, their risk of another can be as high as 24%.¹⁰
- Atherosclerotic Cardiovascular Disease (ASCVD):**
 - Caused by the buildup of plaque in arteries, ASCVD can lead to heart disease and stroke.^{1,11,12}
 - People with sHTG are 2x as likely to have ASCVD events compared to people with normal triglyceride levels (<150 mg/dL).¹²

sHTG is also associated with emotional, cognitive and physical symptoms – such as diarrhea, brain fog, fatigue and abdominal pain.^{13,14}

How is sHTG diagnosed and managed?



Diagnosis

sHTG can be diagnosed using a lipid panel blood test.¹⁵ However, lipid panel blood tests are not able to determine the cause of high triglycerides.¹⁵ People with sHTG are encouraged to speak with their doctor about potential causes.¹⁵



Management

sHTG may be impacted by other comorbidities and difficult to control, requiring vigilant management.^{1,16,17} Current consensus recommendations highlight the urgency to lower triglyceride levels below 500 mg/dL to minimize the risk for serious health complications.^{1,16,18,19}

To manage sHTG, doctors may recommend lifestyle changes, such as eating fewer foods with saturated fat, limiting alcohol and staying active.²⁰ Doctors may also recommend starting medications to help lower triglycerides.²⁰

For more information, visit [KnowYourTGs.com](https://www.knowyourtgs.com).

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