

台灣慢性腎臟病患者的血脂治療目標

Lipid target in patients with chronic kidney disease in Taiwan

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Chronic kidney disease (CKD) is prevalent in Taiwan and associated with an increased risk of cardiovascular morbidity and mortality. Dyslipidemia is common but not universal in people with CKD. Because of the paucity of randomized clinical trials (RCTs) in patients with CKD, most therapies in this population are based on observational studies or results extrapolated from studies that excluded CKD patients. However, associations discovered in observational studies do not prove causality, and these studies often report surrogate outcomes rather than clinical end points. Furthermore, interventions that show effectiveness in the general population may have different outcomes and side effect profiles in CKD patients.

In 2017, the Taiwan Society of Lipids and Atherosclerosis published “2017 Taiwan lipid guidelines for high risk patients”. This guideline was sent for review and modified by all major societies in Taiwan and the final document was endorsed by these societies, including the Taiwan Nephrology Association. In this updated version, the treatment threshold of LDL-C is 100 mg/dL in CKD stage 3-5 population. If diabetes, myocardial infarction, or stroke is identified, the threshold of LDL-C should be modified according to these comorbidities. Statin therapy seems reasonable in all kidney transplant recipients who have decreased GFR and higher LDL-C. For dialysis patients, randomized controlled trials indicated that statin or statin/ezetimibe initiated during chronic dialysis provided no benefits in cardiovascular event reduction. Nonetheless, when non-dialysis CKD patients are already under LDL-C treatment and progress to dialysis-dependent, the medications could be continued without interruption.