

**Correction in article “Comments on the 2016 ESC/EAS Guidelines for the Management of Dyslipidemias”, Rev Esp Cardiol. 2017;70:72-77**



**Corrección en el artículo «Comentarios a la guía ESC/EAS 2016 sobre el tratamiento de las dislipemias», Rev Esp Cardiol. 2017;70:72-77**

In the article entitled, “Comments on the 2016 ESC/EAS Guidelines for the Management of Dyslipidemias” (Rev Esp Cardiol. 2017;70:72-77), errors have been detected in [Table 2](#).

In point II.2, the text incorrectly states on 2 occasions, “retest liver enzymes in 46 weeks”, when it should say, “retest liver enzymes in 4–6 weeks”.

In point II.4.2, in the last line, where the text says, “on alternate days or 12 times per week”, it should say, “on alternate days or 1–2 times per week”.

These corrections were introduced in the electronic version of the article on 4th April, 2018. The correct table is:

**Table 2**

Recommendations for the Systematic Analysis of Lipids and Enzymes

<b>I. Lipid profile</b>
1. How often should the lipid profile be tested?
Before initiation of lipid-lowering therapy, at least 2 measurements should be made, with an interval of 1–12 weeks, except when treatment must be started immediately, such as in patients with ACS or at very high risk
2. How often should patients' lipids be tested after they begin a lipid-lowering therapy?
• 8 ( $\pm$ 4) weeks after treatment initiation
• 8 ( $\pm$ 4) weeks after treatment modification until therapeutic targets are achieved
3. How often should patients' lipids be tested once they have achieved a therapeutic target?
• Annually, unless there are adherence problems or other specific reasons for more frequent reviews
<b>II. Liver and muscle enzymes</b>
1. How often should liver enzymes be tested: ALT in patients under treatment with lipid-lowering drugs?
• Before treatment
• 8–12 weeks after treatment initiation or after lipid-lowering agent dose increase
• If the result of this testing is normal, subsequent routine monitoring of ALT is not recommended
2. If liver enzymes are elevated due to lipid-lowering therapy:
If ALT < 3 $\times$ ULN:
• Continue therapy
• Retest liver enzymes in 4–6 weeks
If the value is $\geq$ 3 $\times$ ULN:
• Stop lipid-lowering therapy or reduce the dose and retest liver enzymes within 4–6 weeks
• Cautious reintroduction of therapy when the ALT levels have returned to normal
• If ALT remains elevated: rule out other causes of enzyme elevation
3. How often should CK be measured in patients under treatment with lipid-lowering drugs?
Before treatment initiation:
• If the baseline CK value is 4 $\times$ ULN, drug therapy should not be started
During the treatment:
• Routine monitoring of CK is not necessary
• Only if the patient develops myalgia
Pay close attention to the onset of myopathy and CK elevations in at-risk patients: elderly patients, patients taking multiple medications or concomitant therapy that could interfere with the effect of the lipid-lowering therapy, patients with liver or renal disease, or athletes
4. If CK is elevated due to lipid-lowering therapy:
Re-evaluate indication for statin therapy
4.1. If $\geq$ 4 $\times$ ULN:
• IF CK < 10 $\times$ ULN:
Stop treatment for 6 weeks
- Check renal function and CK every 2 weeks
- Rule out the possibility of transient CK elevation for other reasons such as exertion
- Consider the possibility of myopathy if CK remains elevated
- Consider combination lipid-lowering therapy: lower-potency statin + ezetimibe or another lipid-lowering drug

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<http://dx.doi.org/10.1016/j.rec.2017.01.001>

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- If  $CK < 10 \times ULN$ , without symptoms:

- Continue with lipid-lowering therapy
- Monitor CK

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- If  $CK < 10 \times ULN$ , with symptoms:

- Stop statin therapy
- Monitor normalization of CK
- Reintroduce statins at low doses when CK is normalized
- Consider the possibility of transient CK elevation for other reasons such as exertion
- Consider the possibility of myopathy if CK remains elevated
- Consider combination lipid-lowering therapy: lower-potency statin + ezetimibe or another lipid-lowering drug

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#### 4.2. If $CK < 4 \times ULN$

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- If there are no muscle symptoms:

- Continue statin therapy (ask patient to report symptoms)
- Monitor CK

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- If there are muscle symptoms:

- Check symptoms and CK regularly

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- If the symptoms persist:

- Stop statin therapy for 2-4 weeks
  - Re-evaluate symptoms after 6 weeks
  - Re-evaluate indication for statin therapy
  - Reintroduce the same statin or another lower-potency statin
  - Introduce low-dose statin therapy on alternate days or 1-2 times per week
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ACS, acute coronary syndrome; ALT, alanine aminotransferase; CK, creatine kinase; ULN, upper limit of normal.

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