be considered as an additional therapeutic option for hypertriglyceridemia. It is efficacious, safe in most patients and less expensive than most other therapies for triglyceride management, and patient compliance is usually good. A recent review concluded that combination therapy with statins and DHA/EPA supplementation has been “consistently shown to be an effective, safe, and well-tolerated treatment for combined dyslipidemia.”

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Competing interests: Bruce Holub is Director of Scientific Affairs for the DHA/EPA Omega-3 Institute (www.dhaomeg3.org). Croda Inc., Ocean Nutrition Canada Ltd. and EPAX AS, manufacturers of omega-3 fish oil concentrates containing DHA/EPA, provide support to the Institute. In the past year, Dr. Holub has received a speaker fee from EPAX and from Mead Johnson Nutritional.

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When oral food and fluids are withheld, a clinical rule of thumb is that triglyceride levels decay exponentially with a half-life of approximately 48 hours. This is comparable to the reductions observed by Yavasoglu and colleagues for plasma exchange and by Röggla and colleagues for a combined insulin and heparin regimen. Controlled, randomized studies, although logistically challenging, would be required to define the risk versus benefit to patients with severe hypertriglyceridemia of either plasma exchange or routine infusions of insulin or heparin. Until then, we stand by our position that these modalities should be used sparingly, if at all, in this situation.

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