

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

I. Lipid profile
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
II. Liver and muscle enzymes
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

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

- Continue with lipid-lowering therapy
- Monitor CK

• 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

4.2. If $CK < 4 \times ULN$

• If there are no muscle symptoms:

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

• If there are muscle symptoms:

- Check symptoms and CK regularly

• 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

ACS, acute coronary syndrome; ALT, alanine aminotransferase; CK, creatine kinase; ULN, upper limit of normal.

<http://dx.doi.org/10.1016/j.rec.2018.03.015>