1. INTRODUCTION

Type 2 diabetes is associated with a marked increased risk of cardiovascular disease (CVD). Individuals with diabetes have an absolute risk of major coronary events similar to that of non-diabetic individuals with established coronary heart disease (CHD). Higher rate of mortality in patients with diabetes mellitus in India and across the globe is mainly due to cardiovascular diseases. In people with type 2 diabetes, regardless of blood sugar control, tend to have increased triglycerides, decreased high-density lipoprotein (HDL) and sometimes increased low-density lipoprotein (LDL). This cholesterol profile tends to persist even if blood sugar levels are under control-pointing to an even higher likelihood of developing plaques. In fact, plaques formed in the arteries of people with Type 2 diabetes tend to be more fatty and less fibrous than in people with Type 1 diabetes, leading to an even higher risk of a plaque dislodging to cause a heart attack or stroke.\textsuperscript{1-3}

The most typical lipoprotein pattern in diabetes, also known as diabetic dyslipidemia or atherogenic dyslipidemia, consists of moderate elevation in triglyceride levels, low HDL cholesterol values, and small dense LDL particles. The American diabetes association recommends that the people with diabetes and known coronary heart disease, the LDL levels in the blood should be below 100 mg/dL, and that of HDL levels should be above 50 mg/dL, and triglycerides below 150 mg/dL. The recommended blood sugar, or glucose, level is less than 7% (\(<\) 7\%) in the glycosylated hemoglobin test (HA1C test). For people with diabetes and known coronary heart disease, including blocked arteries or a prior heart attack, the American diabetes association recommends
LDL below 70 mg/dL. Reaching this very low LDL goal may require high doses of statin medications, but is shown to significantly reduce the risk of a heart attack. Triglyceride levels should be below 150 mg/dL and HDL above 40 mg/dL. Women with diabetes and existing coronary heart disease are recommended to have HDL levels above 50 mg/dL. A multivariate analysis showed that triglyceride levels did not predict CHD events. LDL cholesterol was the strongest independent predictor of CHD followed by HDL cholesterol, supporting the current guidelines in which LDL lowering is the primary lipid target in diabetes mellitus\textsuperscript{1-4}.