



For people with extremely high triglycerides (TGs), such as those with **Familial Chylomicronaemia Syndrome (FCS)**

 **FCS Mythbusters**

AIM LOWER

ESC/EAS guideline TG target of **≤10 mmol/L (880 mg/dL)** significantly reduces risk of acute pancreatitis¹

Not an actual patient

Understanding misconceptions helps prevent delays in diagnosis and referrals²

This guide is designed to help you spot signs of FCS sooner

Myth 1 Extremely high triglyceride levels are caused by diet/lifestyle choices

FACT: FCS is a rare condition where triglycerides can remain extremely high despite lifestyle changes (e.g., a very low-fat diet and avoiding alcohol) and conventional triglyceride-lowering approaches (e.g., fibrates, statins, and omega-3 fatty acids)^{3,4}



If a person's triglycerides remain elevated despite using conventional triglyceride-lowering approaches and lifestyle changes, consider an underlying cause such as FCS^{3,4}

Myth 2 FCS is too rare for me to ever see

FACT: Although rare, FCS is often under-recognised or misdiagnosed^{2,5}

Some of the common signs and symptoms of FCS include:⁶

- Acute pancreatitis
- Eruptive xanthomas
- Hepatosplenomegaly
- Severe abdominal pain
- Lipaemia retinalis
- Fatigue



If a person has persistently high triglyceride levels or experiences acute pancreatitis attacks without a known cause, consider FCS^{2,6}

Know the signs. Diagnose FCS early

Myth 3 FCS is a genetic disorder that can only be confirmed through genetic testing

FACT: FCS can be diagnosed both clinically and genetically. People with extremely high triglycerides may display clinical characteristics similar to FCS, but have no clear genetic cause⁷

Factors that can clinically characterise FCS include:⁷⁻⁹

- Persistent triglyceride levels above 10 mmol/L (880 mg/dL)
- Prior history of acute pancreatitis
- Recurrent hospitalisations for severe abdominal pain without other explainable cause
- History of childhood pancreatitis
- Family history of hypertriglyceridaemia-induced acute pancreatitis



Think beyond genetic confirmation – consider clinical criteria in order to diagnose FCS early⁷

Myth 4 FCS only presents with physical signs

FACT: People with FCS can also experience cognitive symptoms such as:^{6,10,11}

- Difficulty concentrating
- Impaired judgement
- Brain fog
- Forgetfulness



If you see cognitive symptoms in people with extremely high triglycerides, consider FCS and refer for specialist evaluation^{6,12}



Understand the urgency of early FCS diagnosis and referral at LowerTriglycerides.eu

Not an actual patient

Myth

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Conventional triglyceride-lowering approaches are effective treatment options for people with FCS

FACT: Lipoprotein lipase (LPL) is missing or non-functional in people with FCS. Therefore, conventional triglyceride-lowering approaches have limited efficacy, as they act by enhancing LPL activity^{5,13}



If triglycerides persist >10 mmol/L (880 mg/dL) despite using conventional triglyceride-lowering approaches, suspect FCS and refer for specialist evaluation, as volanesorsen is approved in the EU for use in adults with genetically confirmed FCS^{3,7,14}

Myth

6

As long as acute pancreatitis is prevented, high triglycerides aren't a big concern

FACT: Reducing triglyceride levels is central to reducing the risk of acute pancreatitis in people with FCS.¹⁵ The more we can lower triglyceride levels, the more we can lower the risk of acute pancreatitis¹⁶



Aim to lower triglycerides to lower the risk of acute pancreatitis.¹⁶ Refer people with FCS early for specialist support

Myth

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Diet alone can mitigate the risk of acute pancreatitis

FACT: Whilst it is essential for FCS management, an extremely low-fat diet (e.g., 20–25 g/day) may not be sufficient itself to reduce the risk of acute pancreatitis in all people with FCS. Managing triglyceride levels with this diet can also severely impact quality of life⁵



Diet alone may not be enough to mitigate the risk – early referral can allow people with FCS to access holistic support from a dedicated healthcare team^{2,5}

Myth

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A percentage triglyceride reduction is enough to significantly reduce acute pancreatitis risk

FACT: A percentage reduction may not be enough – European Society of Cardiology and European Atherosclerosis Society (ESC/EAS) guidelines state that the risk of acute pancreatitis is clinically significant if triglycerides are >10 mmol/L (880 mg/dL), particularly when occurring in association with FCS¹

People can develop acute pancreatitis even when their triglyceride levels are 5–10 mmol/L (440–880 mg/dL)¹



The primary goal of FCS treatment is acute pancreatitis prevention – refer people with FCS early to reduce their risk^{1,6,17}

EAS, European Atherosclerosis Society; ESC, European Society of Cardiology; FCS, Familial Chylomicronaemia Syndrome; LPL, lipoprotein lipase; TG, triglyceride.

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