Fibrates are a group of lipid lowering drugs that have been in existence since 1963. They include: bezafibrate, gemfibrozil and fenofibrate.

When are fibrates used?
Fibrates are prescribed most often to patients with mixed or combined hyperlipidaemia (raised or abnormal cholesterol levels associated with raised levels of triglycerides).

Raised triglycerides are associated with an increased risk of coronary heart disease and therefore require treatment. In particular, raised triglycerides are often associated with low levels of HDL cholesterol.

Other people who might benefit from the use of fibrates include those with raised triglycerides who are also at risk of pancreatitis.

Considerations when taking a fibrate

The side effects of fibrates are minimal and usually temporary. The most frequent include gastrointestinal discomfort, nausea, headache and skin rash.

Very rarely, muscle aches or liver disturbances can occur.

Some people with dyslipidaemia may be treated with a fibrate and a statin.

In such cases the risk of muscle and liver damage is increased and routine blood tests are available to monitor this.

Fibrates should not be used during pregnancy or in people with existing liver or kidney disease. This includes people with diabetes who have kidney complications.

Care should be taken in individuals taking anticoagulants such as warfarin.

Fibrates are particularly well suited to the management of dyslipidaemia in diabetes, where the pattern is often of raised triglycerides and low HDL cholesterol.

How do they work?

Fibrates can lower triglyceride levels by up to 50%. Cholesterol may also be lowered by up to 25% using the more modern fibrates.

These medicines act in several ways:

- The main effect is to reduce VLDL (very low density lipoproteins) in the blood. These structures are composed predominantly of triglycerides.
- Treatment with fibrates tends to increase HDL (high density lipoproteins – ‘good’ cholesterol) levels by 10-15%.
- The general alteration in blood fats achieved by fibrates helps to slow or halt the build-up of cholesterol in the arteries, thereby reducing the risk of a heart attack.

Technical terms

**Triglycerides** - energy-giving fats that are found in foods and in body storage tissues.

**Dyslipidaemia** – the term given to an abnormal pattern of fats in the blood.

**Hyperlipidaemia** - the term given to describe raised levels of triglycerides and/or cholesterol.

**Lipoproteins** – Round particles in which fatty substances (cholesterol, triglycerides, phospholipids) are carried around in the body combined with proteins. See our Cholesterol and lipoproteins factsheet for more information.

**VLDL** – Very Low Density Lipoprotein – one of the particles referred to in the above definition.

**Statin** - a lipid lowering drug which decreases the activity of a key enzyme in the liver, so slowing down the production of cholesterol.