

Treatment options

Consultants have differing ideas on what can be used to treat LPLD. Although a variety of prescribed drugs can be used, they have only modest benefits and the main treatment option, and the most effective, is diet.

Your specialist will refer you to a dietitian who will help you to modify what you eat by reducing the amount of fat in the diet to a level that you can tolerate. At the same time the dietitian's role is to ensure that your diet remains balanced and provides all the nutrients that are needed for normal health, for growing children, and for women during pregnancy to ensure the normal growth of their unborn child.

By reducing the amount of fat eaten, the body's much reduced ability to deal with fat is not overwhelmed and the individual experiences none of the effects of LPLD.

Opposite is a list of medicines that your doctor may prescribe and which can have varying degrees of success. It is important to ask why you are being prescribed something, and what effect it may have on your LPLD. (This is especially important if you are taking any medication for any other condition that you may have).

In the future

A new development, in the field of gene therapy, is currently being trialled and may offer some relief for LPLD patients. The new drug is designed to replace the altered gene, enabling the LPLD patient to produce lipoprotein lipase (although a limited amount at present) and therefore allow individuals to relax their diet. It would be administered by injection into the thigh, in what is described as a viral vector.

Commonly prescribed are:

Fibrates (bezafibrate, gemfibrozil, fenofibrate, ciprofibrate) – these work by increasing lipoprotein activity, so reducing triglyceride levels. However in a patient with LPLD they may have limited value.

Statins (Atorvastatin, Lovastatin, Pravastatin, Rosuvastatin, Simvastatin). These may be prescribed, not necessarily to reduce triglycerides but to reduce the risk of cardiovascular disease.

Nicotinic acid (Acipimox, Tredaptive) is occasionally used and it works by reducing triglyceride production in the liver.

Fish oils (Omacor, Maxepa). These are often prescribed in patients with raised triglycerides but have limited success in people with LPLD because they contribute to chylomicron production.

MCT oil (medium chain triglycerides). These are oils which contain fats of a medium chain length which do not need lipoprotein lipase for their metabolism. They can provide a much needed energy source, but they can still contribute to triglyceride levels.

Essential fatty acids (Linoleic and alpha linoleic acids). These are fatty acids that the body cannot make itself. In very restricted diets these may need to be supplemented.

Fat soluble vitamins (vitamins A, D, E and K). These are all fat soluble and rely heavily on fat in the diet for their absorption. A supplement may be required.

Mental Health

Living with a long-term (and lifelong) health condition can be tough and for some people can affect their mental well-being. There are various approaches that can be followed to help come to terms with, and live healthily with the condition.

Expert Patient Programme (EPP)

This is a six-week generic course which helps the individual to understand the impact of their condition on their lives, and take steps to manage it better. An 'expert' patient works with their doctor to better manage their health, taking joint responsibility rather than leaving it to the doctor to 'look after' them. Participants meet for about two and a half hours, once a week, and are given various 'tools' to help them to better understand and value themselves. It is this understanding and empowerment that helps them to do what is necessary to keep well. Your GP should be able to tell you if there is an EPP programme in your area.

Counselling/Psychotherapy

Talking to an impartial person about the difficulties you face living with a rare condition can be very helpful. There is much research showing that living with any long-term health condition, especially one that is so rare and 'invisible', can have a negative effect on mental well-being, hence the development of the EPP programme referred to above. Your GP may be able to offer sessions at your local practice, or refer you to a counselling centre,. You also have the option of finding a private practitioner yourself. Contact the British Association of Counselling and Psychotherapists (BACP) on **01455 883300** for a list of accredited counsellors in your area, or view their website at www.bacp.co.uk

Cognitive Behavioural Therapy (CBT)

This is a very practical form of counselling which looks specifically at behaviour change and uses tools such as food diaries and mood diaries. Usually offered in blocks of 12 sessions, the therapy will focus on helping you to avoid certain behaviours such as eating inappropriate foods. GPs often offer CBT within their practice.

Physical activity

Being physically active is especially helpful if you have LPLD, as it is important to maintain a healthy weight to help ward off the increased risk of diabetes in middle age. Here are some of the other benefits of being active:

- It reduces the risk of developing coronary heart disease and stroke.
- It helps lower blood pressure.
- It helps maintain a healthy weight and shape.
- It helps prevent osteoporosis by helping to strengthen bones.
- It increases muscle strength and joint flexibility.
- It helps relieve stress, anxiety and depression. (There is some evidence to show that stress can raise triglyceride levels, so relieving stress may help reduce triglyceride levels.)
- It helps raise self-esteem and confidence.
- It produces a feeling of well-being.

Experts recommend activity of moderate intensity for at least 30 minutes a day, 5 or more times each week. Exercising at a 'moderate' level should leave you warm and a bit puffed but not gasping for breath. It should still be possible to hold a conversation. Each 30 minute period could be split into two periods of 15 minutes if preferred. Children should be active for at least 60 minutes, 5 or more times a week.

Being physically active does not mean having to join a gym. It could mean walking to the next bus stop, taking the stairs instead of the lift or escalator, walking to the shops, doing the housework or the gardening. Try to find ways of being more physically active that fit into your lifestyle.