

Updated Guideline for Managing Abnormal Lipids

Studies have shown that 80% or more of the cardiovascular disease is preventable and an elevated LDL cholesterol, often called bad cholesterol is a major part of the risk. Optimizing healthy lifestyle habits such as regular physical exercise, heart-healthy eating, not smoking, maintaining an ideal body weight and adequate good quality sleep are the first steps to lower cholesterol.

If lipid numbers are not within the desirable range after a period of lifestyle optimization, adding lipid lowering medications earlier than previously thought makes sense. Lower cholesterol for longer, just like lower blood pressure for longer, results in much greater protection against future heart attack and stroke risk.

American College of Cardiology and American Heart Association announced their new cholesterol guidelines last week. If you had read my previous heart talks, I have mentioned many of these.

Here is the update:

LDL CHOLESTEROL GOALS

For patients with LDL cholesterol above 70 mg/dL, a less than 70 mg/dL is recommended. For those with LDL above 100, less than 100 is recommended. For patients with very high risk, less than 55 is recommended.

FOR PATIENTS WITH HIGH RISK: A new category of very high risk has been added. This includes patients with multiple major atherosclerotic cardiovascular disease events, or one major event plus multiple high risk conditions. For these patients, LDL goal of less than 55 is recommended with option to further reduce to less than 70 if needed.

WHEN TO START STATINS: The new guidelines recommend considering statin therapy for patients with age 55-75 with LDL cholesterol above 70 mg/dL (0.5-1.8 mmol/L), who have 10-year risk of cardiovascular disease of 7.5% or higher.

STATIN INTENSITY: High intensity statins are recommended for most patients. These include atorvastatin 40-80 mg or rosuvastatin 20-40 mg. Moderate intensity may be considered for older patients or those who cannot tolerate high intensity.

ADDING Ezetimibe: For patients on maximally tolerated statin therapy who still have LDL above 70, adding ezetimibe is recommended.

PCSK9 INHIBITORS: For patients with LDL above 70 despite statin and ezetimibe, or those with genetic causes of high cholesterol, PCSK9 inhibitors may be considered. These are expensive but very effective.

LIPOPROTEIN(A): Everyone should get a one-time Lp(a) test. Elevated Lp(a) is an independent risk factor for cardiovascular disease.

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