Blood cholesterol treatment guidelines focus on four patient groups

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According to the new guideline, statin therapy is recommended for the following four patient groups based on evidence that moderate- or high-intensity statin treatment reduces ASCVD events with a good margin of safety:

- Patients without cardiovascular disease or diabetes mellitus, ages 40 to 75 years old, with a ≥7.5% 10-year ASCVD risk
- Patients with clinical ASCVD (a history of myocardial infarction, stroke, stable or unstable angina, peripheral arterial disease presumed to be of atherosclerotic origin, transient ischemic attack, or coronary or other arterial revascularization)
- Patients aged ≥21 years with an LDL-cholesterol ≥190 mg/dL
- Patients with diabetes mellitus ages 40 to 75 years old with an LDL-cholesterol 70 to 189 mg/L and without clinical ASCVD

A new guideline from the American College of Cardiology/American Heart Association on treatment of cholesterol in adults to reduce atherosclerotic cardiovascular disease (ASCVD) risk contains significant changes compared to the previous guideline in Adult Treatment Panel III Report published more than a decade ago.

Released in November 2013, the new guideline was developed in collaboration with the National Heart, Lung, and Blood Institute along with stakeholder and professional organizations. Recommendations were developed based on review of evidence from randomized controlled trials (RCTs) and systematic reviews and meta-analyses of RCTs investigating the effect of fixed doses of cholesterol-lowering medications for reducing ASCVD risk.

Rather than focusing only on cholesterol levels to determine the appropriateness of statin use for primary prevention, the guidelines recommend performing global risk assessment using new pooled cohort equations to estimate the 10-year ASCVD risk. The latter includes blood cholesterol levels (total and HDL) along with patient age, gender, race, smoking status, systolic blood pressure, and whether the patient is receiving treatment for high blood pressure. The guideline notes that other factors, including family history, may be taken into account by the clinician for individualized decision-making.

The new guideline includes recommendations for safety monitoring in patients on statins and management of statin-related adverse events. It does not recommend specific targets for LDL- and/or non-HDL-cholesterol or the use of add-on therapy with non-statin, concluding that the latter medications do not provide acceptable ASCVD risk reduction benefits compared to their potential for adverse effects in routine prevention of ASCVD.

The guideline also reinforces the importance of practitioners applying their clinical judgment in management decisions and providing counseling on lifestyle issues (diet, exercise, weight, and tobacco use).

Since most of the evidence used to formulate the recommendations is from 2011 and earlier, updating of the guideline was already planned to begin in 2014.

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