Screening and Management of Hypercholesterolemia 2015

The following guideline recommends risk assessment, stratification, education, counseling and pharmacological interventions for the management of low-density lipoprotein cholesterol (LDL-C).

<table>
<tr><th>Eligible Population</th><th>Key Components</th><th colspan="2">Recommendation and Level of Evidence</th></tr>
<tr><td rowspan="4">Males ≥ 35 years of age

Females ≥ 45 years of age

Males and Females ages ≥ 18 years of age if risk factors</td><td>Risk Assessment</td><td colspan="2">Screening: Initial fasting lipid profile (i.e., total, LDL-C, HDL-C, triglycerides); If in normal range, repeat at least every years. [D.
Treatment is based on LDL-C, major risk factors and presence of CHD or equivalent.</td></tr>
<tr><td></td><td><u>Maior Risk Factors</u>:
♦ Cigarette smoking
♦ Diabetes mellitus
♦ Hypertension (BP > 140/90), or on antihypertensives
♦ HDL-C: < 40 (HDL-C > 60 = negative risk factor)
♦ Family history (first degree) of premature CHD
♦ Age (men > 45 years; women > 55 years)</td><td><u>CHD Risk Equivalents:</u>
Other clinical forms of atherosclerotic disease (e.g., peripheral arterial disease, abdominal aortic P®T aneurysm, and/or symptomatic carotid artery disease)
CHD and CHD risk equivalents give a > 20% risk of a CHD event within 10 years</td></tr>
<tr><td>Risk Stratification</td><td colspan="2">Calculate short-term risk for patients with > 2 risk factors using Framingham projection of 10-year absolute risk [D]</td></tr>
<tr><td></td><td><u>Categorical Risk</u>
CHD or ≥ 2 risk factors and year risk > 10%

1 ≥ 2 risk factors and year risk ≤ 10%

0 – 1 risk factor</td><td><u>Goal for LDL-C</u>
< 100 mg/dL

< 130 mg/dL

< 160 mg/dL</td></tr>
<tr><td>Education and risk factor modification</td><td colspan="2">Educate patient/family regarding Therapeutic Lifestyle Changes (TLC):
Reduce saturated fats and cholesterol [A], increase plant stanols/sterol (e.g. cholesterol-lowering margarines), increase viscous soluble fiber (e.g. oats, barley, lentils, beans), and consider increasing fish consumption (Omega-3 fatty acids).
Decrease weight and increase exercise to moderate level of activity for 30 minutes, most days of the week <u>[A].</u></td></tr>
</table>

	Pharmacologic interventions	**T**herapeutic Lifestyle Changes (TLC) for all. Drug therapy based on the LDL-C level. Statin therapy based on risks and goals, or if the LDL-C is not at goal by 3 months after TLC have begun in earnest. Statin therapy for all patients with CHD, CHD risk equivalents, regardless of baseline lipid level. When starting raising dose, check ALT. Let at physician discretion for patients with liver disease or risk factors. *For* prolonged myalgia, consider dosage reduction or statin change. Evaluate and adjust drug therapy every 3 months until goal achieved. If statins not tolerated or ineffective, consider ternate medical therapy.