New cholesterol guidelines: Better, but harder to follow

The recommendations of the third Adult Treatment Panel of the National Cholesterol Education Program, released in May,[1] call for earlier, more aggressive treatment for a large number of people at greater risk for heart disease, including people with diabetes, peripheral vascular disease, carotid artery disease, and other risk factors.

The time has come. We know from perioperative risk-assessment studies that patients with these conditions have a cardiovascular risk akin to a person who has already suffered a myocardial infarction. It is reasonable to adopt a strategy of aggressive "secondary prevention" when treating dyslipidemia in these patients. This revision of the cholesterol guidelines, the first in 8 years, reflects the many recent studies that demonstrate the benefits of aggressive cholesterol lowering.[2–4]

On page 617 of this issue, Dr. Dennis Sprecher, head of the Cleveland Clinic's Section of Preventive Cardiology and Rehabilitation, explains the key revisions in the complex new guidelines and offers suggestions on how a busy clinician can integrate them into practice.

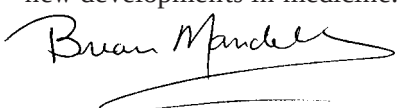
As Dr. Sprecher points out, there are many good things about the new guidelines. They finally give physicians guidance on treating elevated triglycerides. The concept of looking at total risk and linking that to aggressive therapy is also good.

Nonetheless, significant problems remain. Currently, secondary prevention strategies (following vascular events or surgery) are underused,[5] as is primary prevention.

Dr. Sprecher's concern that the new risk stratification method may be too complicated to implement during brief office visits is well founded, but we hope the publicity surrounding the new guidelines and educational campaigns directed at patients will encourage greater compliance.

The increased availability of software programs, online calculation algorithms, and programs for hand-held computers, all of which incorporate these new treatment guidelines, will make the new guidelines easier to use.

We are excited that we can get this article to you so quickly to aid you in changing your practice, and look forward to keeping you updated on these guidelines and other new developments in medicine.



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