



Update on Cholesterol Management*

National Cholesterol Education Program (NCEP) Report – July 2004

Recommendations for Modifications to Footnote the ATP III (Adult Treatment Panel III) Treatment Algorithm for LDL-C

Therapeutic lifestyle changes (TLC) remain an essential modality in clinical management. TLC has the potential to reduce cardiovascular risk through several mechanisms beyond LDL lowering.

In high-risk persons	For moderately high-risk persons
<p>In high risk persons (CHD or CHD risk equivalents, 2+ risk factors, 10-year risk > 20%), the recommended LDL-C goal is < 100 mg/dL.*</p> <p>*An LDL-C goal of < 70 mg/dL is a therapeutic option on the basis of available clinical trial evidence, especially for patients at very high risk.</p> <ul style="list-style-type: none"> ▪ If LDL-C is \geq 100 mg/dL, an LDL-lowering drug is indicated simultaneously with lifestyle changes. ▪ If baseline LDL-C is < 100 mg/dL, institution of an LDL-lowering drug to achieve an LDL-C level < 70 mg/dL is a therapeutic option on the basis of available clinical trial evidence. ▪ If a high-risk person has high triglycerides or low HDL-C, consideration can be given to combining a fibrate or nicotinic acid with an LDL-lowering drug. ▪ When triglycerides are \geq 200 mg/dL, non-HDL-C is a secondary target of therapy, with a goal 30 mg/dL higher than the identified LDL-C goal. 	<p>For moderately high-risk persons (2+ risk factors, 10-year risk 10% to 20%), the recommended LDL-C goal is < 130 mg/dL**</p> <p>**An LDL-C goal <100 mg/dL is a therapeutic option on the basis of available clinical trial evidence.</p> <ul style="list-style-type: none"> ▪ When LDL-C level is 100 to 129 mg/dL, at baseline or on lifestyle therapy, initiation of an LDL-lowering drug to achieve an LDL-C level < 100 mg/dL is a therapeutic option on the basis of available clinical trial evidence.

- **Very high-risk** patients are identified as those who have had a recent heart attack, or who have cardiovascular disease combined with either diabetes, severe or poorly controlled risk factors (such as continued smoking), or metabolic syndrome (a cluster of risk factors associated with obesity that includes high triglycerides and low HDL cholesterol).
- Any person at high risk or moderately high risk who has lifestyle-related risk factors (eg, obesity, physical inactivity, elevated triglyceride, low HDL-C, or metabolic syndrome) is a candidate for TLC to modify these risk factors regardless of LDL-C level.
- When LDL-lowering drug therapy is employed in high-risk or moderately high-risk persons, it is advised that intensity of therapy be sufficient to achieve at least a 30% to 40% reduction in LDL-C levels.
- For people in lower-risk categories, recent clinical trials do not modify the goals and cutpoints of therapy.

Full documentation of the ATP III Update 2004 is available at <http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3upd04.htm>

*Clinical Practice Guidelines are reviewed at least every two years. Web sites of nationally recognized sources from which guidelines have been adopted are checked monthly for changes/updates.

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