

Scope and Target Population:

This guideline describes the treatment of adults age 20 and older who are dyslipidemic.

Aims:

1. Increase the percentage of patients with (a) CHD, (b) with a CHD risk equivalent or (c) whose 10-year risk is greater than 20% who are on a statin **OR** have LDL < 70 ml/dL.
2. Improve the percentage of patients with (a) diabetes and are age 40 and over, or (b) who have a 10-year Framingham CVD risk of 10-20% who are appropriately treated for lipids.
3. Improve the percentage of patients on lipid-lowering medication who receive regular follow-up care for lipid disorder.
4. Increase the percent of patients on lipid-lowering therapy who remain on therapy.

Clinical Highlights:

- Initiate a statin with patients who have a history of CHD or CHD risk equivalent.
- Establish lipid goals based on risk level.
- Instruct patients on healthy lifestyle and adjunctive measures.
- Patient adherence with recommended therapy should be reinforced during scheduled follow-up.
- An LDL goal of less than 70 mg/dL can be considered for patients with established CAD, non-cardiac atherosclerosis or coronary artery disease equivalent.

Additional Background:

The guideline is a natural follow-up to the ICSI Preventive Services for Adults Guideline. Management of lipid disorder in adults is an area of practice variability among providers. The condition is relatively common in the adult population and treatment costs can be significant. The guideline incorporates recommendations from the National Cholesterol Education Program (NCEP-ATP III) and research studies which include: the Framingham Study, WOSCOPS, TexCAPS, 4S, Helsinki Heart Study, HITS Trial, The LIPID Study, and HERS.