



## Clinical Practice Guideline 2008 Key Points Cholesterol

Provided by:

**Highmark Cardiology Clinical Quality Improvement Committee**

*Reviewed by Mountain State Blue Cross Blue Shield Medical Advisory Committees*

Mountain State Blue Cross Blue Shield (MSBCBS), in accordance with its commitment to quality care and in conjunction with the Highmark Blue Cross Blue Shield (HBCBS) Cardiology Quality Improvement Committee, consisting of network Primary Care Physicians and Specialists, has adopted the National Heart, Lung, and Blood Institute's (NHLBI) Clinical Practice Recommendations as appropriate for use throughout the Mountain State networks.

### Selected Clinical Guidelines

#### Management of Patients with High Blood Cholesterol

##### KEY POINTS

Some flexibility in specific cases will require deviations from guideline recommendations. All providers are responsible for individualizing recommendations to the specific clinical characteristics of each patient.

The full NHLBI ATP III guidelines, the New – ATP III Update 2004, and several related tools, including a risk assessment tool based on the Framingham Heart Study, are available on the following World Wide Web site: <http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm>

## KEY POINTS

Some flexibility in specific cases will require deviations from guideline recommendations. All providers are responsible for individualizing recommendations to the specific clinical characteristics of each patient. Be sure to document reasons for not prescribing evidence-based drugs.

- An LDL of < 100 mg/dL is the target for **high-risk** patients. High-risk patients are individuals with a greater than 20 percent chance of having a heart attack in 10 years.<sup>1</sup>
- An LDL target of < 70 mg/dL is a therapeutic option for **very high-risk** patients<sup>2</sup>. Very high risk is defined as patients with cardiovascular disease together with multiple major risk factors (especially diabetes), severe and poorly controlled risk factors (especially continued cigarette smoking), multiple risk factors of the metabolic syndrome (especially high triglycerides  $\geq 200$ mg/dL plus non-HDL-C  $\geq 130$ mg/dL with low HDL-C [ $<40$ mg/dL]), and patients with acute coronary syndromes.
- For high-risk patients the threshold for cholesterol-lowering drug treatment is 100mg/dL or above, and it is recommended that patients with LDL 100-129mg/dL receive cholesterol-lowering drug therapy.
- When LDL-lowering drug therapy is used in high- and moderately high-risk patients, it is advised that the intensity of therapy be sufficient to achieve at least a 30 to 40 percent reduction in LDL levels.
- HDL < 40 mg/dL is considered a major risk factor (previously < 35 mg/dL)
- High triglyceride levels are significantly linked to the degree of heart disease risk. Therefore, acceptable level recommendations have decreased significantly to include:
  - ❖ Borderline high 150-199 mg/dL (previously, 200-400 mg/dL)
  - ❖ High 200-499 (previously, 400-1,000 mg/dL)
  - ❖ Very high  $\geq 500$  (previously, > 1,000 mg/dL)
- More emphasis should be placed on diet. Please note the following recommendations:
  - ❖ Saturated fat should be < 7% of total calories
  - ❖ Total fat intake should be 25-35% of total calories
  - ❖ Carbohydrates should account for 50-60% of total calories
  - ❖ Protein should account for approximately 15% of total calories
  - ❖ 20-30 grams of dietary fiber daily
- Stress the need for weight control and discuss the "metabolic syndrome" (excessive abdominal fat, hypertension, elevated triglycerides, low HDL and insulin resistance).
- Emphasize that statins are the most effective and practical class of drugs for reducing LDL-cholesterol levels and reduce the risk of essentially every clinical manifestation of the atherosclerotic process.
- Advise against the use of hormone replacement therapy (HRT) as an alternative to cholesterol - lowering drugs.

## Additional References

- Guidelines for Cardiovascular Disease Prevention in Women  
<http://circ.ahajournals.org/cgi/reprint/01.CIR.0000114834.85476.81v1.pdf>

## Resources For Your Mountain State Patients

- Blues On Call<sup>SM</sup> nurse Health Coaches are available 24/7 to provide one-on-one telephonic support for patients regarding chest pain and many other health topics. Your Mountain State patients can reach Blues On Call at 1-888-258-3428 (1-888-BLUE 428) toll free.
- The Dr. Dean Ornish Program for Reversing Heart Disease<sup>®</sup> is currently available at five West Virginia hospitals. Participants in this 12-month long lifestyle improvement program have experienced improved lipid panels, weight loss, decreased blood pressure, and better blood glucose control. (*Applicants with Diabetes, CHD or risk factors may qualify*)
- Ornish Advantage is a six-week program for those who want to learn more about modifying their lifestyle to prevent heart disease. It is designed as an introduction to the Dr. Dean Ornish Program for Reversing Heart Disease<sup>®</sup>. Each session is delivered by a highly trained

team of clinical professionals and includes both lectures and interactive lifestyle improvement activities. For more information about The Dr. Dean Ornish Program for Reversing Heart Disease® or Ornish Advantage call 1-888-234-4255.

- On-line “Improve Your Health” programs are available at [www.mybenefitshome.com](http://www.mybenefitshome.com):
  - ❖ *HealthMedia® Balance™* – A weight management program
  - ❖ *HealthMedia® Nourish™* – A nutrition program
  - ❖ *HealthMedia® Breathe™* – A smoking cessation program
  - ❖ *HealthMedia® Relax™* – A stress management program
  - ❖ *HealthMedia® Care™ For Your Health* – A self management program for chronic conditions

To access Mountain State’s “Improve Your Health” programs:

- Direct your Mountain State patients to go to Mountain State’s member website at [www.mybenefitshome.com](http://www.mybenefitshome.com) and select the web address for the plan that serves them.
- Log in to the member website. Not registered? Select “click here to get a password”
- HealthMedia programs can be found by clicking the tab heading on the top of the home page called “Your Health” and then selecting “Improve Your Health” from the list of topics on the left side of the page

**As with any insurance, members are eligible for services only as long as they are active members of the plan and the services are covered benefits of their group or direct pay contract.**

<sup>1</sup> High-risk includes:

- Patients with Coronary Heart Disease (CHD), including a history of myocardial infarction, unstable angina, stable angina, coronary artery procedures, or evidence of clinically significant myocardial ischemia.
  - Patients with CHD risk equivalents, including clinical manifestations of non-coronary forms of atherosclerotic disease, diabetes, and 2+ risk factors\* with 10-year risk for hard CHD >20% (10-year risk for hard CHD is calculated using recent data from the Framingham Heart Study).
- \*Risk factors include cigarette smoking, hypertension, low HDL cholesterol, and family history of premature CHD.

<sup>2</sup> ATP III Update 2004: Implications of Recent Clinical Trials for the ATP III Guidelines, Page 232.