

Symposium III: Prevention in Dyslipidemia

The Current Lipid Guidelines for Prevention of Cardiovascular Diseases

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Abstract

Guidelines on lipid-lowering treatment for prevention of CVD (cardiovascular diseases) are issued by the American College of Cardiology/American Heart Association (ACC/AHA) and the European Society of Cardiology (ESC).^{1,2,3} The recommendations for lipid-lowering treatment initiation from both guidelines are based on evidence from randomized clinical trials demonstrating the efficacy of statins for primary and secondary prevention of CVD.

However, there were discrepancies existed between the current CVD prevention guidelines on both sides of the Atlantic continent and available trial evidence. Yet, for 1 of 5 adults aged 45 to 75 years, both guidelines and presence of RCT evidence support statin treatment for primary prevention of CVD.⁴ Large-scale evidence from randomized trials shows that statin therapy reduces the risk of major vascular events (ie, coronary deaths or myocardial infarctions, strokes, and coronary revascularisation procedures) by about one-quarter for *each* mmol/L reduction in LDL cholesterol during *each* year (after the first) that it continues to be taken. The absolute benefits of statin therapy depend on an individual's absolute risk of occlusive vascular events and the absolute reduction in LCL cholesterol that is achieved either in primary prevention and secondary prevention settings.⁵

Statin therapy has been shown to reduce vascular disease risk during each year it continues to be taken, so larger absolute benefits would accrue with more prolonged therapy, and these benefits persist long term. The only serious adverse events that have been shown to be caused by long-term statin therapy; ie, adverse effects of the statin – are myopathy and new-onset diabetes mellitus.⁵

Because improved patients outcomes have been demonstrated for these individuals, it should be an imperative to ensure that they are identified and are offered optimal evidence-based treatment to reduce the burden of CVD.

References

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