



MEDICAL ASSOCIATES
CLINIC & HEALTH PLANS®

Clinical Practice Guideline for Hypercholesterolemia Management

Recommendations for low risk patients (0-1 risk factors) - Goal = LDL < 160

- a. Cholesterol and lipid status checked every five years
- b. Documentation of dietary and exercise instructions for those not meeting blood level goal (LDL \geq 160)
- c. Documentation of drug therapy added after three to six months of diet, physical activity and LDL \geq 190 (May consider drug therapy if LDL 160-189)
- d. Yearly follow-up of lipid status for those not meeting goal

Recommendations for moderate risk patients (2 or more risk factors) - Goal = LDL < 130

- a. Cholesterol and lipid status checked every year
- b. Documentation of dietary and exercise instructions for those not meeting blood level goal (LDL \geq 130)
- c. Documentation of drug therapy added after three to six months of diet and physical activity and blood level goal not met (LDL \geq 160)

Recommendations for high risk patients (including patients diagnosed with coronary artery disease, an acute coronary syndrome, diabetes or atherosclerosis - Goal = LDL < 70)

- a. Cholesterol and lipid status checked every year
- b. Documentation of dietary and exercise instructions for those not meeting goal
- c. Documentation of LDL \geq 130 add drug therapy in combination with diet and physical activity (strongly consider drug therapy if LDL 100-129)
- d. Start statins on all patients hospitalized with an acute coronary syndrome particularly if LDL is over 100.
- e. In very high risk patients, achieving LDL cholesterol of 70 is considered ideal
- f. HDL < 40 should consider treatment (e.g. Niaspan)

Risk Factors:

- Male \geq 45
- Female \geq 55 or premature menopause without estrogen replacement
- Family history premature CHD (father or first degree male relative < 55 or mother or first degree female < 65)
- Cigarette smoking within the past year
- Hypertension (B/P \geq 140/90 mmHg or on an antihypertensive medication)
- HDL < 40mg/dL in men, < 50mg/dL in women
- Diabetes mellitus

***HDL cholesterol ≥ 60 mg/dL counts as a “negative” risk factor; its presence removes one risk factor from the total count.

In the highest risk patient, or those with extremely high LDL, diet and drug therapy may be started at the same time.

Older patients benefit from the therapeutic lowering of LDL-C.

In a very high risk patient, who has high triglycerides or low HDL-C, consideration can be given to combining a fibrate or nicotinic acid with an LDL-lowering drug.

In situations of concurrent severe illness or limited life expectancy, treatment may be discontinued or not considered at the physician's discretion.

References

National Heart, Lung, and Blood Institute, Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report. National Institutes of Health Publication No. 02-5215. September 2002.

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