

The Need for Cholesterol Control: Clinical and Managed Care Concerns

This supplement to *The American Journal of Managed Care* features the proceedings of an interactive continuing education symposium, "Managed Care's Most Wanted: Controlled Cholesterol," held April 19, 2001, in Tampa, Florida, in conjunction with the 13th Annual Meeting and Showcase of the Academy of Managed Care Pharmacy. The multidisciplinary faculty for the symposium was specifically chosen for its expertise in lipid and atherosclerosis management, nursing practice, and managed care pharmacy.

The need to control cholesterol is a pressing concern among all sectors of the medical community, particularly because 1 in every 5 deaths in the United States is caused by coronary heart disease (CHD), much of which results from elevated serum cholesterol.¹

It is well recognized that elevated total serum cholesterol, particularly low-density lipoprotein cholesterol (LDL-C), is a major treatable risk factor for CHD and myocardial infarction. It is also well recognized that lowering cholesterol levels, as both a primary- and secondary-prevention strategy, significantly reduces the risk of CHD. Yet only a fraction of Americans who require treatment to lower their cholesterol to acceptable levels are receiving it. Moreover, among those being treated, only 38% are achieving their treatment goals,² some because of treatment that is not sufficiently effective or aggressive, others because of lack of compliance with therapy.

Against this backdrop, it is clear that cholesterol management is crucial to

the prevention of CHD, the leading cause of death in the United States.¹ Thus, this symposium was convened to explore several of the most important and challenging issues in cholesterol management.

The Need for Cholesterol Control

In his presentation, Peter H. Jones, MD, Associate Professor of Medicine, Co-Director of the Lipid Metabolism and Atherosclerosis Clinic, and Medical Director for the Institute for Preventive Medicine Obesity Program at Baylor College of Medicine in Houston, Texas, provided an overview of the need for cholesterol control. Noting that cholesterol is a precursor to many lipid disorders, he reviewed the epidemiology of CHD in the United States, the role of LDL-C in CHD risk, the findings of the major primary- and secondary-prevention trials evaluating cholestyramine and various statins, the findings of the Lipid Treatment Assessment Project, and the 1993 Guidelines of the National Cholesterol Education Program (NCEP). Dr. Jones also discussed the new NCEP guidelines and explained the concept of CHD risk and CHD risk equivalents, as well as the development and use of the Framingham CHD risk prediction charts for men and women. He concluded his presentation by identifying several unmet needs regarding therapy to lower LDL-C levels.

Achieving Goal Levels

James M. McKenney, PharmD, Professor Emeritus, Virginia Commonwealth Univer-

sity, and President and Chief Executive Officer, National Clinical Research, in Richmond, Virginia, gave a presentation focused on achieving goal levels of LDL-C with diet, lifestyle changes, and various lipid-modifying drugs, including statins, bile acid resins, nicotinic acid, and combination therapy. Each of these classes lowers LDL-C by a different mechanism of action. These are reviewed in detail, as are the clinical features and side effects of each class. Combination therapy is reviewed as well.

In short, the path to successful lipid management consists of treating to reach the LDL-C goal, either with monotherapy or combination therapy; treating to reach the non-high-density lipoprotein cholesterol goal, if necessary; and managing other risk factors for CHD.

Case Studies

Carol M. Mason, RNCS, ANP, Clinical Coordinator of the St. Paul Heart Clinic in St. Paul, Minnesota, concluded the symposium by presenting case studies designed to identify appropriate lipid modification strategies for individual patients. She reviewed how to use the Framingham CHD risk prediction charts

to identify men and women at risk and how to assign a risk score. Utilizing an interactive audience response system, she also elicited information about current practice patterns among pharmacists and other health professionals involved in lipid management.

Each of the presentations was followed by a question-and-answer session. Highlights of the presentations and discussions appear on the following pages. The information should help healthcare professionals assess and manage risk factors associated with hypercholesterolemia, understand cholesterol management guidelines, identify current pharmacologic and nonpharmacologic approaches to treatment, and better understand the team approach to lipid management in a managed care setting.

... REFERENCES ...

1. **American Heart Association.** *2001 Heart and Stroke Statistical Update.* Dallas, TX: American Heart Association; 2001.
2. **Pearson TA, Laurora I, Chu H, Kafonek S.** The Lipid Treatment Assessment Project (L-TAP): A multicenter survey to evaluate the percentages of dyslipidemic patients receiving lipid-lowering therapy and achieving low-density lipoprotein cholesterol goals. *Arch Intern Med* 2000;160:459-467.