

SUGGESTED GUIDELINES FOR THE MANAGEMENT OF LDL AND NON-LDL CHOLESTEROL

Based on NCEP, ATP III, full text guidelines available at www.nhlbi.nih.gov

1. Establish LDL goal of therapy
2. Determine need for therapeutic lifestyle change (TLC)
3. Determine level for drug consideration

Risk Category	LDL Goal	Non-HDL (Total cholesterol-HDL)	LDL level at which to initiate therapeutic lifestyle changes*	LDL level at which to consider drug therapy
High Risk CHD or risk equivalents (10-year risk >20%)	<100 mg/dL [†]	<130mg/dL [‡]	≥100 mg/dL Lifestyle Related Risk Factors - obesity - physical inactivity - metabolic syndrome (HDL, triglycerides)	≥100 mg/dL [‡]
Moderately high risk: 2+ risk factors (10-year risk 10% to 20%)	<130 mg/dL [†]	<160mg/dL [‡]	≥130 mg/dL	≥130mg/dL [‡]
Risk Factors - smoking - hypertension ≥140/90 - ↓HDL - family history - premature CHD				

† A Lowered LDL goal of <70 for very high risk patients and <100 for moderately high risk patients is a therapeutic option that is considered to be a reasonable clinical strategy on the basis of available clinical trial evidence endorsed by the National Heart, Lung, and Blood Institute, American College of Cardiology Foundation, and the American Heart Association.

Continued on reverse

LDL-CCI Card Nov 07

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Risk Category	LDL Goal	Non-HDL (Total cholesterol-HDL)	LDL level at which to initiate therapeutic lifestyle changes*	LDL level at which to consider drug therapy
Moderate risk: 2+ risk factors (10-year risk <10%)	<130 mg/dL	<160 mg/dL [§]	≥130 mg/dL	≥160 mg/dL [‡]
Lower risk: 0-1 risk factors	<160 mg/dL	<190mg/dL [#]	≥160mg/dL	≥190 mg/dL

HDL Goal Regardless of Risk – Women: >50/dl Men: >45/dl



* Therapeutic lifestyle changes (TLC) remain an essential modality in clinical management. TLC has the potential to reduce cardiovascular risk through several mechanisms beyond lipid lowering.

§ When triglycerides are ≥200mg/dL, non-HDL-C should be the target of therapy, with a goal 30mg/dL higher than the identified LDL-C goal.

When a high-risk patient has high triglycerides or low high-density lipoprotein cholesterol (HDL-C), consider combining a fibrate or nicotinic acid with an LDL-lowering drug.

‡ When LDL-lowering therapy is initiated in high-risk or moderately high-risk persons, it is advised that intensity of therapy be sufficient to achieve at least a 30% to 40% reduction in LDL-C levels.

HeartCare is a Health Management Program available to ConnectiCare members 18 years or older diagnosed with coronary artery disease. To enroll a member in HeartCare, call **1-800-390-3522**. To find out more information about ConnectiCare's Health Management Programs, refer to ConnectiCare's Physician & Provider Manual or www.connecticare.com.