

More patients across the world lowering 'bad' cholesterol

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The percentage of patients lowering their elevated "bad" cholesterol to within target levels nearly doubled in the last decade, according to a multi-national survey reported in *Circulation: Journal of the American Heart Association*.

In the Lipid Treatment Assessment Project (L-TAP) 2 — a survey of nearly 10,000 patients (average age 62) from nine countries undergoing cholesterol-lowering and management efforts — researchers found that:

- The number of patients successfully reaching their respective low-density lipoprotein (LDL) levels rose from 38 percent to 73 percent over the last 10 years.
- Among high-risk patients, 67 percent reached established goal levels.
- Only 30 percent of very high risk patients — those with existing coronary artery disease and two or more other risk factors such as obesity, diabetes and smoking — successfully reached their LDL target of 70 milligrams per deciliter (mg/dL) or less.

LDL is known as "bad" [cholesterol](#) because it's associated with increased cardiovascular risk.

"Although there is room for improvement, particularly in very high-risk patients, these results indicate that lipid-lowering therapy is being applied much more successfully than it was a decade ago," said David D. Waters, M.D., lead author of the study and Emeritus Professor, University of California, San Francisco.

Researchers examined compliance with LDL goals outlined in the National Cholesterol Education Program Adult Treatment Panel (NCEP ATP) III, the 2003 Joint European Societies, or the 2003 Canadian Working Group. Countries in the study were the United States, Canada, Mexico, the Netherlands, Spain, France, Brazil, South Korea and Taiwan.

LDL cholesterol goals in the United States depend on how many risk factors are present, according to NCEP ATP III guidelines:

- For people without coronary heart disease, diabetes or [cardiovascular risk factors](#), the goal is less than 160 mg/dL.
- For people without coronary heart disease or diabetes, but who have two or more cardiovascular risk factors, the goal is less than 130 mg/dL.
- For patients with coronary heart disease or diabetes, the goal is less than 100 mg/dL. But when risk is very high, a goal of less than 70 mg/dL is a therapeutic option.

Researchers found that 75 percent of the patients surveyed were taking a statin drug (atorvastatin, simvastatin, rosuvastatin or pravastatin). The median duration of therapy was two years. Others were treated with fibrates, ezetimibe or lifestyle changes such as diet and exercise alone.

In 1996^[1], only 38 percent of patients in the United States were achieving recommended cholesterol goals and just 18 percent of those with coronary [heart disease](#) were at goal. The new study found the success rate was 86 percent in low-risk patients, 74 percent in those at moderate risk and 67 percent in high-risk patients.

In the survey, average LDL levels were 119 mg/dL in the low-risk group, 109 mg/dL among those at moderate risk and 91 mg/dL in high-risk groups.

The researchers also reviewed high-density lipoprotein (HDL), or "good" cholesterol levels. In the entire group, HDL cholesterol was optimal — about 60 mg/dL in 26 percent of patients and below 40 mg/dL in 19 percent. The average HDL cholesterol levels were 62 mg/dL for low-risk patients, 49 mg/dL for moderate-risk and 50 mg/dL for high-risk patients.

The proportion of patients achieving LDL goals according to relevant national guidelines ranged from 47 percent in Spain to 84 percent in South Korea. Researchers couldn't explain the variation among countries.

In an accompanying editorial, Antonio M. Gotto, Jr., M.D., D.Phil, notes that these results indicate there is still a considerable gap in the treatment of [patients](#) at highest risk for cardiovascular events.

"Rates of obesity and diabetes have worsened over the past decade, and cardioprotective drugs can only do so much to remedy the metabolic complications that often result from poor lifestyle choices," writes Gotto, professor of medicine at Weill Cornell Medical College in New York. "Effectively addressing global cardiovascular risk requires an increased focus on lifestyle, as well as lipids."

Source: American Heart Association ([news](#) : [web](#))

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