

# New recommendations in the fight against heart disease

November 7 2013, by Laura Glitsos

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In the context of rising obesity and heart disease in the first world, the International Atherosclerosis Society (IAS) has released a position paper updating the Global Recommendations for the Management of Dyslipidemia.

Dyslipidemia, a condition where increased lipids (like fats and cholesterol) are in the blood, is seen as a risk for [cardiovascular disease](#).

According to UWA Winthrop Professor in cardiometabolic medicine Gerald F. Watts, who sat on the report panel, these recommendations reflect new information which casts fresh light on the management of cardiovascular risk factors.

The report panel, comprised of more than a dozen of the world's leading experts, reviewed existing evidence-based recommendations to consolidate guidelines and inform clinical judgement.

The report is divided into primary prevention, accumulated from years of research in epidemiology, genetics, basic science, and clinical trials; and secondary prevention, where the emphasis was on randomised controlled clinical trials resulting from a "wealth of data".

Prof Watts says the information on risk factors is particularly important.

"With LDL cholesterol, there is a proportional 20-25 per cent [cardiovascular risk](#) reduction for every one millimole per litre reduction in LDL-cholesterol; in terms of absolute risk reduction, this is clearly greater in high risk than in low risk individuals," he says.

"So this is particularly applicable to people with [coronary heart disease](#) and to those without coronary [heart disease](#) who have other [cardiovascular risk factors](#), such as [high blood pressure](#), diabetes and smoking."

Prof Watts also says there is new priority given to lifetime risk categories in assessing cardiovascular disease, over short-term risk.

In addition, there is fresh evidence concerning the atherogenicity of

other lipids and lipoproteins.

"In particular lipoprotein(a) and triglyceride-rich lipoprotein remnants that new studies, based on Mendelian randomisation [a genetic epidemiological technique] which reflect the causal role of these lipoproteins in vascular risk."

However, Prof Watts says the IAS recognises the necessity for cultural difference in treatments, for example, in the case of prescribing the statin dose for high-risk individuals.

"Vis-à-vis the side effects, it has been recognised in Japanese, Chinese and Malaysian individuals, the side effects can be much higher for the same dose, so you need to use lower doses to get your target and to offset the [side effects](#)," he says.

Further, the IAS recognises the heart healthy diet is culturally dependent.

"What might be acceptable to someone in the subcontinent, such as in Pakistan, might not be acceptable, for example, elements of the Mediterranean diet."

Other emphases in the paper include a primary focus on lifestyle intervention with a secondary focus on drug therapy.

The position paper has been accepted in the online *Journal of Clinical Lipidology* and will be published in early 2014.

**More information:** [www.sciencedirect.com/science/.../ii/S1933287413003012%20](http://www.sciencedirect.com/science/.../ii/S1933287413003012%20)

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