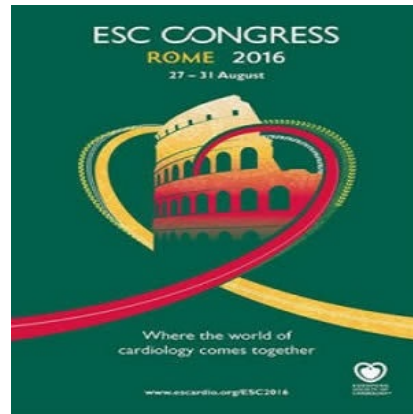




ESC/EAS Guidelines for Management of Dyslipidaemias



New guidelines for the management of dyslipidaemias from European Society of Cardiology (ESC) and European Atherosclerosis Society (EAS) were published online today in European Heart Journal and on the ESC Website.

Nearly four million people are killed in Europe each year due to cardiovascular disease (CVD). Almost 80 percent of CVD can be eliminated by eliminating health risk behaviours. According to Professor Ian Graham (Ireland), Task Force Chairperson (ESC), lipids are the most fundamental risk factor for CVD and the relationship between LDL cholesterol and CVD is very strong.

As per the new guidelines, there is a need to lower lipid levels in populations and in high risk individuals and this should be the top priority for doctors. Prof. Graham points out that most deaths occur in patients with only slightly high-cholesterol therefore there is a need to use approaches for lowering lipids such as lifestyle changes.

The guidelines recommend individual LDL cholesterol targets that are based on risk. For example LDC cholesterol target for high risk patients is less than than 2.6 mmol/L (100 mg/dL). All patients, regardless of risk, should achieve at least 50% reduction in LDL cholesterol.

Professor Alberico Catapano (Italy), Task Force Chairperson (EAS), said: "We made a blend between goal of LDL cholesterol level and percentage lowering to make sure all patients achieve at least 50% reduction of LDL cholesterol."

This approach is different from the one used in the U.S. which recommends the use of statins in all high risk patients even if they have low cholesterol levels. But as Prof. Graham points out, the American approach would put more people in Europe on statins and the task force does not support this blanket approach. They believe that people who are inert and overweight may have their cholesterol reduced but other risk factors may be ignored.

The ESC/EAS Guidelines place more emphasis on lifestyle and nutrition. They recommend goals for BMI and weight and foods that should be preferred such as cereals, vegetables, fruits and fish and food that should be used in moderation or chosen occasionally in limited amounts. In other words, the importance on making positive food choices is emphasised.

Recommendations are given for combination treatment in patients with resistant high cholesterol. Statins are the first line treatment. Combined therapy with ezetimibe and a statin provides an incremental reduction in LDL cholesterol levels of 15 – 20%. Proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors can be considered in patients with persistent high LDL cholesterol on a statin and ezetimibe.

Professor Catapano concluded: “We hope clinicians will make every effort to lower their patients’ LDL cholesterol as much as possible. We define a sequence for drugs to help achieve this. Statins should be the mainstay, then combination therapy with ezetimibe, and as a third line the new PCSK9 inhibitors.”

Source: [ESC](#)

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