

Clinical Practice Guidelines for Cholesterol Screening Post-Cardiovascular Event

Total Cholesterol (mg/dL)		HDL Cholesterol (mg/dL)		LDL Cholesterol (mg/dL)	
<200	Optimal	<40	Below optimal	<100	Optimal
200-239	Borderline high	≥60	Optimal	100-129	Near optimal
≥240	High			130-159	Borderline high
				160-189	High
				≥190	Very high

Therapeutic lifestyle changes (TLC) in LDL Lowering Therapy

- ◆ Reduced intake of saturated fats and cholesterol.
- ◆ Therapeutic options for enhancing LDL lowering, such as plant stanols/sterols (2g/d) and increased viscous (soluble) fiber.
- ◆ Weight reduction and increased physical activity.
- ◆ Consider patient referral to a registered dietitian or qualified nutritionist for medical nutrition therapy.

Inpatient cholesterol management

- ◆ If LDL cholesterol is ≥130 mg/dL, initiation of drug therapy should be considered at discharge.
- ◆ If LDL cholesterol is 100-129 mg/dL, therapeutic lifestyle changes should be initiated and clinical judgement should be utilized in deciding whether to initiate drug therapy at discharge.
- ◆ Drug therapy education should include recognition/management of possible side effects.

Outpatient cholesterol management

- ◆ Wait at least 8 weeks post-cardiovascular event to stabilize lipid fractions and ensure accurate lipid levels.
- ◆ Follow-up LDL cholesterol determination and assessment for possible adverse biochemical changes should be made within 6 to 8 weeks after initiation or change in drug therapy.

LDL Cholesterol Goals and Cutpoints for TLC and Drug Therapy			
Risk Category	LDL Goal (mg/dL)	LDL level at which to initiate therapeutic lifestyle changes (mg/dL)	LDL level at which to consider drug therapy (mg/dL)
CHD or CHD risk equivalents	<100	≥100	≥130 (100-129: drug optional)

Source: National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III or ATP III)

*Low-Density Lipoprotein

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