

# New patient-centered recommendations for cholesterol management

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The National Lipid Association (NLA) has released new recommendations for the prevention of heart disease and stroke. Published recently in the *Journal of Clinical Lipidology*, the guidelines emphasize a "patient-centered" approach to cholesterol management.

The NLA recommendations are intended to provide additional expert guidance to existing guidelines currently available for the treatment of [blood cholesterol](#). They highlight the importance of doctors and [patients](#) setting [cholesterol](#) goals and focusing on patient's risk and risk factors, rather than specific categories of medication, such as statins, for setting cholesterol management goals as currently recommended.

"What's different about the National Lipid Association's new recommendations is their emphasis on setting specific LDL cholesterol goals of either less than 100 mg/dl or less than 70 mg/dl, based on a patients' individual cardiovascular risk," says Terry A. Jacobson, MD, professor of Medicine at Emory University School of Medicine and president of the NLA.

"We believe it is critically important that patients know their specific LDL cholesterol goals and that providers continue to monitor patient's [cholesterol levels](#) on a regular basis. This allows the provider to check for adherence, identify patient obstacles to goal attainment, and provide positive feedback to patients for successful lifestyle changes."

The NLA advocates an active partnership for patients and providers to prevent [heart disease](#) and stroke. According to Jacobson, setting LDL cholesterol (LDL-C) goals is one of the most helpful tools that providers can use to motivate patients to comply with both lifestyle and statin therapy.

"Patients need to know their levels of LDL or 'bad

cholesterol' and what goal they need to achieve to be successful in reducing their risk of heart attack and stroke," says Jacobson.

Jacobson says obtaining an LDL-C allows the patient and provider to have an ongoing discussion about the barriers to lifestyle change, difficulties in taking medicine or financial issues that may affect medication adherence. Providers can provide positive reinforcement to help patients with these issues.

"One of the major positives of the current guidelines recommended by the American Heart Association and American Cardiology," adds Jacobson, "is that they have greatly simplified the identification of patients that can benefit from [statin therapy](#), but it's also important to provide the critical clinical tools that patients and providers need to be successful."

"Statins are one of the most effective medications in the history of cardiovascular medicine, and we simply need to help patients stay motivated to stay compliant."

**More information:** National Lipid Association recommendations for patient-centered management of dyslipidemia: Part 1 – executive summary. *Journal of Clinical Lipidology* Volume 8, Issue 5, Pages 473–488, September–October, 2014 DOI: [dx.doi.org/10.1016/j.jacl.2014.07.007](https://doi.org/10.1016/j.jacl.2014.07.007)

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