No CHD or Other Atherosclerotic Disease

Measure non-fasting total cholesterol and HDL-C

Assess Risk Factors (RF)
- Age: Male > 45 years; Female > 55 years or postmenopausal w/o estrogen replacement tx
- BMI > 30
- Diabetes
- Hypertension
- Current smoker
- Positive RF: HDL-C > 60 (subtract one RF from analysis)

TC:
- Desirable < 200
- Borderline High 200-239
- High > 240

HDL-C:
- Desirable > 35
- Borderline High Risk 130-159
- Low < 35

LDL-C:
- Desirable < 130
- Borderline High Risk 130-159
- High > 160

Repeat TC, HDL-C
- within 5 years
- within 1-2 years

Drug Treatment after Dietary Treatment
- Increased LDL-C: Statin, Resin, Niacin
- HDL < 35: Niacin, Statin, Gemfibrozil
- TG > 200 in high risk: Statin to LDL-goal
- TG > 200; HDL < 35 consider Fibrate/Niacin

In patient without evidence of CHD, LDL-C, goal is
- < 130 if 2 RF present
- < 160 if < 2 RF present

Step 1 diet: total fat < 30% and saturated fat 8-10% of total calories < 300mg cholesterol per day
Step 2 diet: total fat < 30% and saturated fat < 7% of total calories; < 200mg cholesterol per day

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Step 1 diet: repeat TC, HDL-C annually

After 6 months of diet treatment, consider drug treatment if LDL-C goal not reached

CHD or OTHER ATHEROSCLEROTIC DISEASE*

Fasting lipoprotein analysis
- R/o familial disorders and secondary causes of abnormal lipids
- Step 2 diet

LDL-C:
- Desirable
  - < 100
  - No drug tx
  - Remeasure lipoprotein analysis annually
- Borderline High
  - 100-129
  - Drug tx controversial
- High Risk
  - > 130
  - Begin drug tx if LDL-C > 130
  - TG < 200 Statin Resin
  - TG 200-400 Statin Niacin
  - If TG > 400 Fibrate or Niacin until TG < 400 for accurate calculation of LDL-C

In patients with CHD, goal LDL-C is < 100
Secondary goals: HDL-C > 35 and TG < 150

Desirable

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Side Effects</th>
<th>Caution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statins</td>
<td>†Pravastatin 10-40mg QD</td>
<td>Myopathy, hepatitis Monitor LFT's • Six week • Six months • Annual</td>
<td>Use with caution in combination with gemfibrozil, niacin, cyclosporin, erythromycin</td>
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<tr>
<td></td>
<td>Lovastatin 10-80mg QD</td>
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<td>Fluvastatin 20-40mg QD</td>
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<td>Simvastatin 10-80mg QD</td>
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<td>Atorvastatin 10-80mg QD</td>
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<td>Cezvastatin 0.3-0.4mg QD</td>
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<tr>
<td>Niacin</td>
<td>1.5-2gm QD start at 250mg BID and titrate up</td>
<td>Flushing, hepatitis Monitor LFT's, glucose, uric acid</td>
<td>Contraindicated in PUD, liver disease, gout, diabetes, hepatotoxicity is dose related</td>
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<tr>
<td>Resins</td>
<td>Cholestyramine 4-12gm TD Colestipol 15-15gm TD</td>
<td>Increase TG, GI distress</td>
<td>Do not use in patients with increased TG. Associated with decreased absorption of some drugs</td>
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<tr>
<td>Gemfibrozil</td>
<td>600mg BID</td>
<td>GI distress Cholelithiasis M yopathy Follow LFT's</td>
<td>Contraindicated in renal failure Lower dose in renal insufficiency Follow PT when on warfarin</td>
</tr>
<tr>
<td>Fenofibrate</td>
<td>200mg QD</td>
<td>GI distress</td>
<td></td>
</tr>
</tbody>
</table>

*Atherosclerotic disease including thrombotic stroke, cardiac disease, claudication, arterial bruit
†Less drug interaction

Special caution with combined drug treatment:
Niacin + Statin → increased risk myopathy, hepatotoxicity
Statin + Gem fibrozil → increased risk myopathy

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REV: 10/00; THL