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TRANSCRIPT

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Optimizing Cardiovascular Outcomes in Hyperlipidemia Through Risk-Based Care

Announcer:
You're listening to *Heart Matters* on ReachMD. On this episode, we'll hear from Dr. Keith Ferdinand, who's a Professor of Medicine as well as the Gerald S. Berenson Chair in Preventative Cardiology and Director of Preventative Cardiology at Tulane University School of Medicine in New Orleans. He'll be exploring key considerations for managing patients with hyperlipidemia. Here's Dr. Ferdinand now.

Dr. Ferdinand:
The standard of care for patients with hyperlipidemia is based on underlying risk. For all populations, the LDL threshold for intervention should be an LDL of 100 with a goal of getting it less than that point. This does not necessarily mean that all patients will need medicines. Lifestyle modification is the bedrock of care, including diets which are lower in saturated fat, weight loss if needed, physical activity, adequate sleep, and control of other conventional risk factors, including avoiding tobacco and controlling blood pressure and glucose.

However, in higher risk patients who have had demonstrated cardiovascular disease, their threshold and LDL goal is less than 70. In that particular instance, the patients are going to probably need pharmacotherapy, including high intensity statins. We now know that combination therapy with the statin plus ezetimibe 10 milligrams, which is now generic, will further lower the LDL cholesterol and increase the benefits of LDL reduction in patients with hyperlipidemia. Nevertheless, it's important to do shared decision making so that the patient can understand why he or she needs to take additional medicines in order to achieve these more intense goals.

Patients who have hyperlipidemia also have other comorbid conditions that need attention, including hypertension, obesity, elevated glucose, and chronic kidney disease. In fact, cardiovascular kidney metabolic syndrome is now considered to be one of the hallmarks of the best ways to approach patients, and that is to not only look at the LDL cholesterol and triglycerides but also examine the presence or absence of elevated blood pressure or elevated glucose. We are even now suggesting, for instance, in the 2025 high blood pressure guideline that all patients with hypertension have a urine albumin-creatinine ratio, which can detect subclinical kidney disease.

It also is a marker for cardiovascular disease in the future. Patients with diabetes don't necessarily have a coronary heart disease risk equivalent—especially with new onset type two diabetes—but it does increase their risk. And in terms of decreasing risk, controlling glucose is important for neuropathy, including retinopathy and chronic kidney disease.

But for major cardiovascular disease, controlling lipids and blood pressure is even more important. Therefore, when assessing the patient with hyperlipidemia, especially in certain racial and ethnic populations, it is equally important to assess other comorbid conditions, including elevated glucose, CKD—even subclinical CKD—elevated blood pressure, body weight, diminished sleep, and other psychosocial factors.

Announcer:
That was Dr. Keith Ferdinand discussing evidence-based approaches to cardiovascular prevention in patients with hyperlipidemia. To access this and other episodes in our series, visit *Heart Matters* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!