

SUMMARY OF NCEP ATP III

Treatment Guidelines¹

Lowering LDL-C remains the primary target of therapy

Primary prevention of CHD

- Screen adults aged 20 years or older every 5 years to obtain a fasting lipoprotein profile

Secondary prevention of CHD

- Measure LDL-C on admission to the hospital for a coronary event or within 24 hours of the event

0 to 1 risk factor

- LDL-C goal is <160 mg/dL

LDL-C 160 mg/dL to 189 mg/dL

- Initiate TLC; if, after 3 months, LDL-C goal is not met, consider drug therapy

LDL-C ≥190 mg/dL

- Initiate TLC; consider drug therapy

2+ risk factors

- LDL-C goal is <130 mg/dL

LDL-C ≥130 mg/dL and 10-year risk is 10% to 20%

- Initiate TLC; if, after 3 months, LDL-C goal is not met, consider drug therapy

LDL-C ≥160 mg/dL and 10-year risk is <10%

- Initiate TLC; consider drug therapy

CHD/CHD risk equivalent

- LDL-C goal is <100 mg/dL
- CHD risk equivalence: diabetes, 10-year risk of developing CHD >20%

LDL-C 100 mg/dL to 129 mg/dL

- Initiate TLC; consider drug therapy

LDL-C ≥130 mg/dL

- Initiate TLC and drug therapy

TLC, therapeutic lifestyle changes

ATP III classification of LDL-C levels

- <100 mg/dL: Optimal
- 100 mg/dL to 129 mg/dL: Near optimal/above optimal
- 130 mg/dL to 159 mg/dL: Borderline high
- 160 mg/dL to 189 mg/dL: High
- ≥190 mg/dL: Very high

Major risk factors include

- Cigarette smoking
- Hypertension (BP ≥140/90 mm Hg or on antihypertensive medication)
- Low HDL-C (<40 mg/dL)
- Family history of premature CHD
- Age (men ≥45 years; women ≥55 years)

Therapeutic lifestyle changes (TLC)

- Reduce intake of saturated fats (<7% of total calories) and cholesterol (<200 mg per day)
- Therapeutic options for enhancing LDL-C lowering, such as plant stanols/sterols (2 g per day) and increased viscous (soluble) fiber (10 g to 25 g per day)
- Reduce weight
- Increase physical activity

Treating

Low HDL-C

The primary target of therapy for a low level of HDL-C (<40 mg/dL) is to first reach LDL-C goal, then to implement the following:

 Intensify weight management and increase physical activity when metabolic syndrome is present

 Achieve non-HDL-C goal if TG levels are between 200 mg/dL and 499 mg/dL

 Consider nicotinic acid or fibrates if triglycerides are <200 mg/dL (isolated low HDL-C) in CHD or CHD risk-equivalent patients

Treating

Elevated triglyceride levels

When TG levels are ≥ 200 mg/dL, the primary target of therapy is to first reach LDL-C goal

ATP III classification of serum TG levels (mg/dL)

<150	Normal
150 to 199	Borderline high
200 to 499	High
≥ 500	Very high

In addition to reaching LDL-C goal, the following should be implemented to lower TG levels:

 Intensify weight management and increase physical activity

 After LDL-C goal is reached, set secondary goal for non-HDL-C at 30 mg/dL higher than LDL-C goal if TG levels are ≥ 200 mg/dL

(non-HDL-C = Total cholesterol minus the HDL-C value)