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## **Epidemiology of Hyperlipidemia in the U.S.**

*The high prevalence of untreated hyperlipidemia in high-risk patients requires new approaches.*

A new study of prevalence and management of hyperlipidemia has stimulated provocative suggestions for new treatment approaches, particularly in patients at high coronary risk. Researchers used data from four National Health and Nutrition Examination Surveys (NHANES) to assess low-density lipoprotein cholesterol (LDL-C) levels and treatment in about 7000 adults from 1999 through 2006. Coronary heart disease risks were classified as high (known CHD, diabetes mellitus, or 10-year Framingham risk score >20%), intermediate ( $\geq 2$  major risk factors but 10-year risk  $\leq 20\%$ ), or low (no or 1 major CHD risk factor). The authors defined high LDL-C as  $\geq 100$  mg/dL for high-risk people,  $\geq 130$  for intermediate-risk people, and  $\geq 160$  for low-risk people.

Participant-reported screening rates remained constant at about 64% throughout the 8 years. Among participants with elevated LDL-C levels, 35% were unscreened, 25% had been screened but not told the results, and 40% had been screened but treated inadequately. The overall prevalence of high LDL-C levels declined from 32% to 21% during the study period. People at high risk were most likely to exhibit high LDL-C levels, although the prevalence dropped from 69% to 59% in this group during the study period. In high-risk participants with elevated LDL-C levels, roughly two thirds of those eligible for medication did not receive treatment.

**Comment:** The continued high prevalence of untreated hyperlipidemia in high-risk patients prompted two provocative commentaries. In one, the authors recommended a more aggressive treatment approach using age alone as the threshold (no age was specified), based on the low cost of generic statins and the benefits of lipid-lowering therapy across a wide spectrum of CHD risk. The other commentators suggested using CHD risk alone, rather than LDL-C level, as the indication for treatment, with the goal of lowering LDL-C levels by 50% in higher-risk patients, regardless of their baseline levels. Either approach would simplify treatment and eliminate much of the current confusion around guidelines and indications for treatment.

— [Thomas L. Schwenk, MD](#)

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Kuklina EV et al. Trends in high levels of low-density lipoprotein cholesterol in the United States, 1999–2006. *JAMA* 2009 Nov 18; 302:2104.

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