

2019 EUROPEAN CARDIOLOGY GUIDELINES ON CHOLESTEROL MANAGEMENT

Cardiovascular disease is responsible for more than 4 million deaths across Europe every year.

In 2019, the European Society of Cardiology and the European Atherosclerosis Society took an important step toward reducing cardiovascular disease's impact. Together, the two organizations issued new guidelines aimed at effectively and safely reducing patients' risk through better cholesterol management.

The guidelines convey important messages about the toll of high LDL cholesterol, the value of prevention and novel cholesterol-lowering medications, and what both patients and health care providers can do to address this silent killer.

NEW GUIDELINES' KEY MESSAGES



LDL-C **causes** heart attacks & strokes



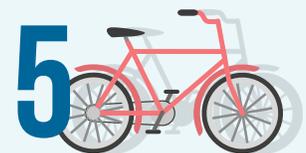
Patients should **"know their number"**



The **lower** the LDL-C, the better



Good risk management **saves lives & families**



Innovative treatment & lifestyle changes aid secondary prevention



Q: What's the first step in taking control of my cholesterol?

First and foremost, you need to “know your number.” As the guidelines explain, LDL-C (low-density lipoprotein cholesterol) is a risk factor for cardiovascular disease. Too much of this “bad” cholesterol can lead to many health problems, including heart attack and stroke.

LDL-C is reported as either milligrams per deciliter (mg/dL) or millimoles per liter (mmol/L). Both indicate the amount of lipid in the blood, which a doctor can learn from a blood test. Optimal levels are less than 100 mg/dL, or 2.59 mmol/L.

Health care professionals may initially test the cholesterol level of children as young as nine years old. Cardiovascular disease risk compounds over time, so it's critical to adopt preventive measures from a young age. Knowing your number is essential to knowing if your cholesterol level is optimal or not. It's also helpful to know so you have a benchmark if your health care provider advises you to lower your LDL-C.

Q: Is it true that no LDL number is too low?

Studies clearly show that low LDL-C means lower future cardiovascular disease risk, “with no lower limit for LDL-C values.” In short, lower is better when it comes to patients' LDL cholesterol.

While every health care provider should provide a patient-centered approach to treating high LDL-C, the new guidelines provide LDL-C goals for patients with varying levels of risk.

Q: Does high cholesterol actually cause heart attack and stroke?

Yes, too much cholesterol leads to plaque build-up on the walls of arteries, blocking blood flow just like a clog blocks water from easily flowing through a pipe. Heart attack occurs when the heart doesn't get enough oxygen and blood. Likewise, stroke occurs when the brain lacks oxygen and blood.

High cholesterol has long been a sign for these conditions. But new research from multiple studies now shows high LDL-C is more than that—it is, in fact, causal.



Q: What risk factors should I be aware of?

Several risk factors contribute to high LDL-C, including an unhealthy diet, being overweight, a lack of physical activity and smoking. Medical conditions such as diabetes and chronic kidney disease can also increase your risk.

Genetics, age and gender can make a difference too. People with familial hypercholesterolaemia, or FH, for example, have inherently high “bad” cholesterol. This genetic predisposition means people with FH need to closely monitor their LDL-C level because common dietary changes and some medications are not as effective for them.

Older people also typically have higher cholesterol as compared to younger people. Keep in mind, though, risk builds over time, so addressing unsafe LDL-C is important for everyone. Young people who don’t address high LDL-C increase their lifetime risk; the longer they are exposed to the risk, the greater the burden of cardiovascular disease.

Q: How can I reduce my LDL-C?

There are two paths to reducing high LDL-C: lifestyle changes and medication.

Taking up a physical activity regime, removing unhealthy fats from your diet and engaging in smoking cessation efforts can lower your LDL-C. These behaviours can also help control other co-occurring chronic diseases that may contribute to your high cholesterol and increase your cardiovascular disease risk.

Depending on a patient’s LDL-C and individual risk factors, his or her health care provider may also prescribe medication. Statins, ezetimibe and PCSK9 inhibitors are the most common medications; they are sometimes used in combination.

Research has shown, for example, that PCSK9 inhibitors have “the best effect ... in combination with statins.” The new guidelines point out that many patients realise significant LDL-C reductions—60% on average—using these innovative medications.

Starting a medication regimen, as prescribed by your health care provider, can improve your overall health and life for years to come, allowing you the opportunity to enjoy making family memories, contribute to your community and continue fulfilling work. Meanwhile, making lifestyle changes sets a positive example for your children and other loved ones.

Taking a long-term view of LDL-C management is more important than ever as an increasing number of people are surviving their first cardiovascular event, living at increased risk of a subsequent event.

RISK FACTORS FOR CARDIOVASCULAR DISEASE



High-fat diet



Lack of physical activity



Being overweight



Genetics



Smoking



Older age



Diabetes

Q: How can health care providers and systems empower patients like me to manage their cholesterol?

While many patients can undertake prevention efforts, such as diet and physical activity changes, on their own, learning their numbers and interpreting the significance of their individual cardiovascular risk requires a focused conversation with their health care provider. Clinicians can help fill in gaps in patients' understanding and link them to additional resources and targeted programmes.

Informed dialogue between patients and health care providers is also necessary for developing a patient-centered approach for lowering high LDL-C.

Your health care provider will know which medications or lifestyle modifications are right for you.

Accessing medication, however, is sometimes a challenge. Health system policies in Europe too often prevent or restrict access to therapies such as PCSK9 inhibitors on the grounds of cost. The new European cardiology guidelines clearly indicate that innovative medicines like these represent an investment in better health and in minimizing preventable death and disability.





CONCLUSION

While the European Society of Cardiology and European Atherosclerosis Society guidelines will be read by health care providers, they are just as important—and life changing—for patients.

The guidelines present an opportunity for providers and patients to have important conversations about cholesterol, cardiovascular disease risk and prevention.

The guidelines should become an essential component of everyday clinical decision making for health care providers. Similarly, they can facilitate joint decision making among providers, patients and their caregivers, as appropriate.

Finally, the guidelines offer patients a lifetime approach to addressing cardiovascular risk, which includes not just adopting but sustaining a healthy lifestyle and remaining in control of their LDL cholesterol. Taking charge of one's cardiovascular health can lead to longer, healthier lives—benefitting patients, families and communities.



About the European Alliance for Patient Access

The European Alliance for Patient Access, a division of the Global Alliance for Patient Access, is a network of physicians and patients advocating for patients' access to approved medical therapies and appropriate clinical care.

This Fast Facts summarises messages from the 2019 European Society of Cardiology/European Atherosclerosis Society Clinical Practice Guidelines for the Management of Dyslipidaemias.

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