

Dyslipidemia Management in the Contemporary Era

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Dyslipidemia management for the prevention of atherosclerotic cardiovascular disease (ASCVD) is well recognized to have contributed to the overall reduction in CV mortality over the last 2 decades. The Canadian Cardiovascular Society (CCS) guidelines were most recently updated in 2016 with an emphasis on the coupling of risk assessment with treatment strategies. There is always a healthy tension between producing a user-friendly document for primary care and a more detailed approach based on the plethora of emerging literature in this area. As such, many parts of the guideline were left unchanged. The 2016 guidelines were released prior to the publication of several important clinical trials that demonstrated incremental benefit of combination lipid lowering therapy in subjects at high risk. Achieved LDL-C in these studies were well below the current conservative target of < 2.0 mmol/L. Risk assessment was not dramatically altered and still emphasized the use of established risk engines such as the Framingham risk score or cardiovascular age.

In this talk we will speculate as to what might be included in the 2018 update to the guidelines. New literature will be presented with respect to combination therapy, and risk assessment strategies. As is generally true, the highest risk patients are those who will gain the most benefit from more aggressive therapy. As new treatments tend to be more expensive we will also review cost effectiveness data. The learner will be left with a review of the current state of the literature and what might be expected in the future. This talk will augment the case based presentations in another session that focus on how novel lipid therapy fits into other treatment options to reduce residual risk in ASCVD patients.