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TRANSCRIPT

Transcript Details
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Managing to an LDL-P Goal within Existing Therapeutic Strategies

Announcer Introduction:

This is REACHMD. Welcome to this Medical Industry Feature entitled, “Managing to an LDL-P Goal within Existing Therapeutic Strategies” sponsored by LabCorp. This program is intended for physicians.

Dr. Cromwell:

I am Dr. William Cromwell, Medical Director for Cardiovascular Disease at LabCorp. In previous episodes, we addressed the clinical utility of LDL-P in managing patients on statins, those with type 2 diabetes and individuals with cardiometabolic risk factors. We also reviewed a suggested five-step management approach incorporating LDL-P. Now let’s turn to recognized targets of therapy and possible agents which may be prescribed to help achieve specific LDL-P targets.

The randomized controlled trial data, which was the foundation for the 2013 AHA ACC Cholesterol Management Guidelines allowed therapies to be prioritized based on proven benefit observed in treated populations; however, as practicing physicians, we know individual response to therapy is variable. Optimizing individual patient care requires identification, first, of an individual’s LDL response to therapy, and second, adjustment of therapy, as indicated, to achieve improved LDL reduction. The American Association of Clinical Endocrinologists, the National Lipid Association and the American Diabetes Association, in conjunction with the American College of Cardiology Foundation, all recognized the clinical utility of LDL-P in optimizing individual patient care.

So, with the individual patient in mind, let’s look at some selected strategies to reduce LDL particle number. Clinical judgment and patient conversations will help determine what is appropriate and likely to achieve the desired target of lowering LDL particle number, including: reduced LDL production, improved LDL particle clearance or a combination of both. If reduction in particle production is the desired goal, diet, exercise, weight loss, glycemic control and co-morbidity management may help reduce LDL-P production by as much as 30 to 50%. Effects of marine omega-3 are mixed. DHA plus EPA have no consistent effect on LDL-P reduction. However, marine omega EPA alone has demonstrated a modest 4 to 15% reduction in LDL-P. Statins increase expression of LDL receptors, which results in improved LDL clearance and reductions of LDL-P ranging from 35 to 55%. Gut agents also enhance LDL clearance and produce approximately a 15 to 30% LDL-P improvement, and, as one might expect, combination therapies produce greater LDL-P clearance. Statins plus gut agents, and statins plus niacin have shown a 50 to 70% LDL-P reduction, while a combination of statin, gut agents and niacin have demonstrated more than a 60% reduction in LDL-P.

In our continuing episodes, we will address the clinical utility of these alternate measures of LDL quantity. I look forward to having you join us.

Announcer Close:

This is REACHMD. The preceding program was sponsored by LabCorp. If you have missed any part of this discussion, visit ReachMD.com/ LDLQuantity. Thank you.