
THE REGIONS

High Blood Cholesterol: who should be treated, and how?

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Key Points

"Who should be treated? The entire population, high-risk individuals only, both, or neither? We know too much about the hazards of high blood cholesterol to do neither, and there is general agreement that high-risk individuals should be treated (though the definition of what constitutes high risk may vary). The decision on whether to treat the entire population depends on the population diagnosis - if it is a "sick" population, then like sick individuals, it should be treated. A sick population could be defined as one in which the rate of coronary disease is high by world standards, and in which the majority have risk factors for coronary disease. That is the situation in many of South Africa's population groups. The numbers who need risk factor management are then so large that individual clinical treatment becomes impossible for any but those at the very highest risk: for the mass of people health education and environmental change are needed to move their risk profile in a favourable direction."

"Today, virtually everyone accepts that high-risk individuals should be treated. A number of authoritative guides have appeared in the USA, Europe and RSA to give doctors the tools with which to treat high blood cholesterol, so that there is no longer any reason for ignorance or inactivity in risk management."

"The definition of high risk includes

those with very high blood cholesterol levels, or those with moderately elevated levels who also have other risk factors, as well as those who have a previous episode of coronary heart disease. Risk increases 3-4 fold from the lowest level of cholesterol to the highest, and that risk is magnified further by the presence of other risk factors. In fact, a moderate elevation of cholesterol plus other risk factors increases the risk to a higher level than that due to a high cholesterol on its own."

"The other risk factors which, if found to be present in addition to the high blood cholesterol, would trigger earlier and more intensive treatment are: a personal history of coronary heart disease, a family history of coronary heart disease, high blood pressure, smoking, low HDL cholesterol and diabetes. Blood pressure, smoking and diabetes should, of course, be treated in their own right. The importance of a personal or family history of CHD is often underestimated."

"The South African guidelines differ from the USA and Europe in two important aspects: the action limits for cholesterol are age-specific (to allow for screening for familial hypercholesterolemia, and for the rise of cholesterol with age) and the high-risk action limit is set at a higher level (so that there will not be unnecessary drug treatment)."

"There should no longer be any argument that lowering cholesterol is effective: in 4 diet studies, the myocardial infarction rate dropped by an average of 24%, and in 8 drug trials it dropped by 19%. So both diet and drugs work."

"How should cholesterol be treated?"

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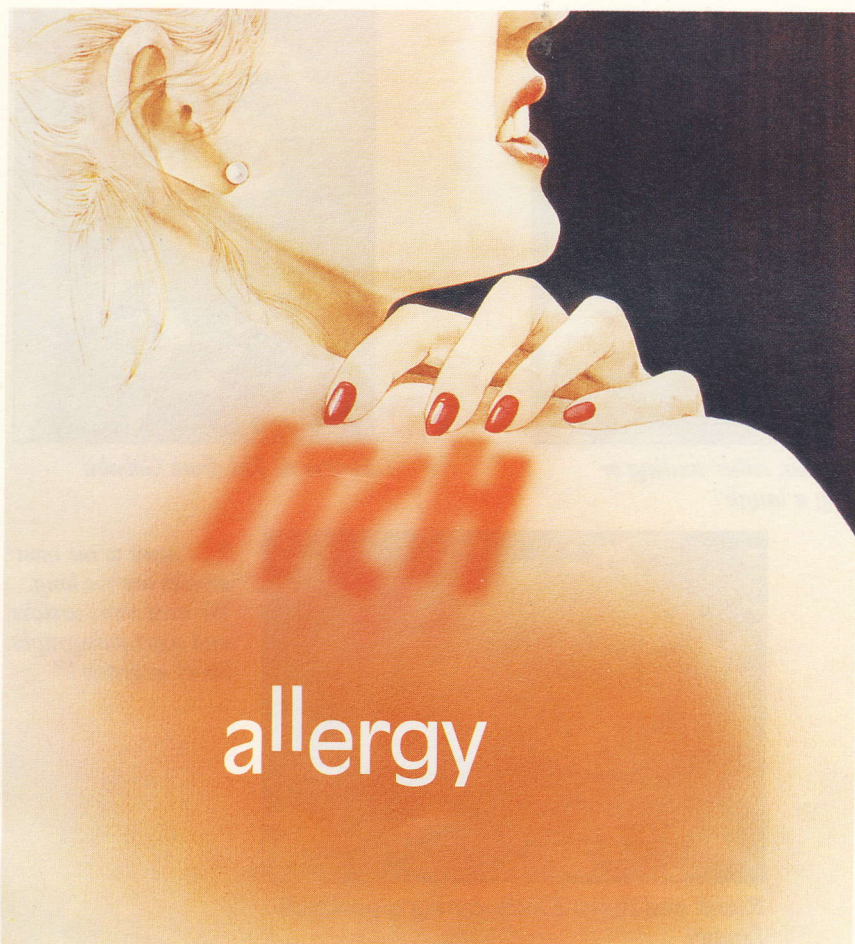
... High Blood Cholesterol

Diet for all, plus drugs for high-risk individuals who have not lowered their cholesterol into the target range by diet only. The diet should be tried on its own for 3-6 months, with the aid of the dietitian if it is necessary to move onto a more stringent regimen. Furthermore, the diet should be persisted with even in those in whom drug treatment becomes necessary. The primary objectives are to lower saturated fat, lower cholesterol, increase fibre."

"The population diagnosis is that many South African populations are

sick. For example, the white population has average cholesterol levels which are similar to those of Finland 30 years ago - and at that time Finland had the highest coronary rate in the world. Now South Africans surpass the Finns. At their current levels, over 80% of South African whites have cholesterol levels above the desirable range of the USA (below 5,2 mmol/l) and over 50% have levels in the USA high risk range. Clearly it would be impossible to treat 80% or even 50% of the population medically, therefore a population strategy is essential."

"It has been said that it is difficult to change a population's eating habits. That is true. But it is not impossible. Eating habits have changed in the USA, and their cholesterol levels are declining (as are their CHD rates). The combination of public health awareness and environmental change is capable of changing habits. By environmental change I mean inter alia availability of healthier alternatives and the clear labelling of such alternatives."



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