

## Managing Hypercholesterolemia and Coronary Heart Disease

Proceedings in this Special Report Supplement to *The American Journal of Managed Care* are based on two symposia convened for pharmacy directors and medical directors of managed care organizations (MCOs). The symposia, titled "Managing Hypercholesterolemia and Coronary Heart Disease" were held June 27-29, 1996, in Pasadena, California, and July 11-13, 1996, in McLean, Virginia. Both conferences featured presentations by experts on the clinical and pharmacoeconomic benefits of treating elevated lipids in coronary heart disease and other high-risk patients in managed care settings. Symposia formats included lecture presentations, informal discussions, case study sessions, and interactive workshops.

A wealth of evidence from clinical trials has demonstrated that the likelihood of a clinical cardiac event is reduced if low absolute levels of low-density lipoprotein cholesterol (LDL-C) as well as percent reductions in LDL-C are achieved. Despite scientific and clinical proof that lipid-lowering therapy is effective in reducing events related to coronary heart disease (CHD), and more recently, in reducing total or cardiovascular-related mortality, the majority of patients who should receive cholesterol-lowering treatment are not being prescribed these drugs.<sup>1</sup>

It is clinically proven now that hypercholesterolemic patients with established CHD (ie, those who have suffered a myocardial infarction, angina, or have undergone coronary artery bypass graft or percutaneous angioplasty), as well as those with multiple risk factors for CHD (family history of heart disease, elevated cholesterol levels, hypertension, smoking, obesity, diabetes) should be treated with lipid-lowering therapy.

Several studies and surveys have suggested that only about 25% of Americans who would benefit from lipid-lowering drug therapy are receiving appropriate treatment, and of those who are treated, only an estimated 4% are being treated to target LDL-C goals set by the National Cholesterol Education Program Adult Treatment Panel II guidelines.<sup>2</sup>

The experts quoted and referred to within these pages make a compelling case for the necessity of more aggressive treatment and management of patients with elevated cholesterol levels.

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### ... REFERENCES ...

1. LaRosa JC. Cholesterol agonistics. *Ann Intern Med* 1996;124:505-508.
2. Grundy SM, Chait A, Clark LT, et al, for the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults. Summary of the second report of the National Cholesterol Education Program (NCEP). *JAMA* 1993;269:3015-3023.