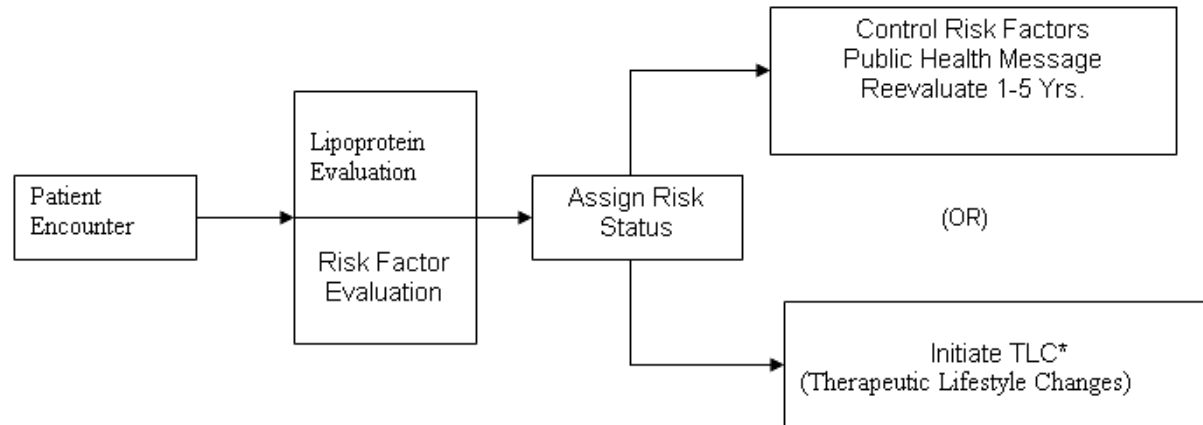


## LDL CHOLESTEROL MANAGEMENT

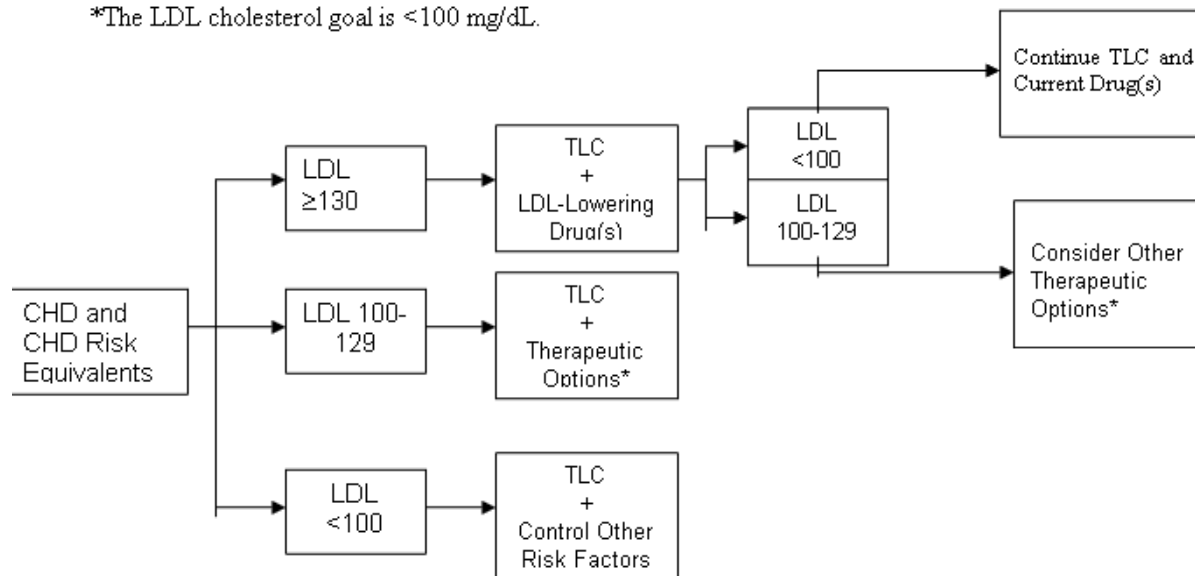
### Physician Responsibilities Visit 1



\*If CHD or CHD risk equivalent is present, drug therapy can be started simultaneously with TLC when LDL-C is >130 mg/dL.

### Therapeutic approaches to persons with CHD or CHD risk equivalents

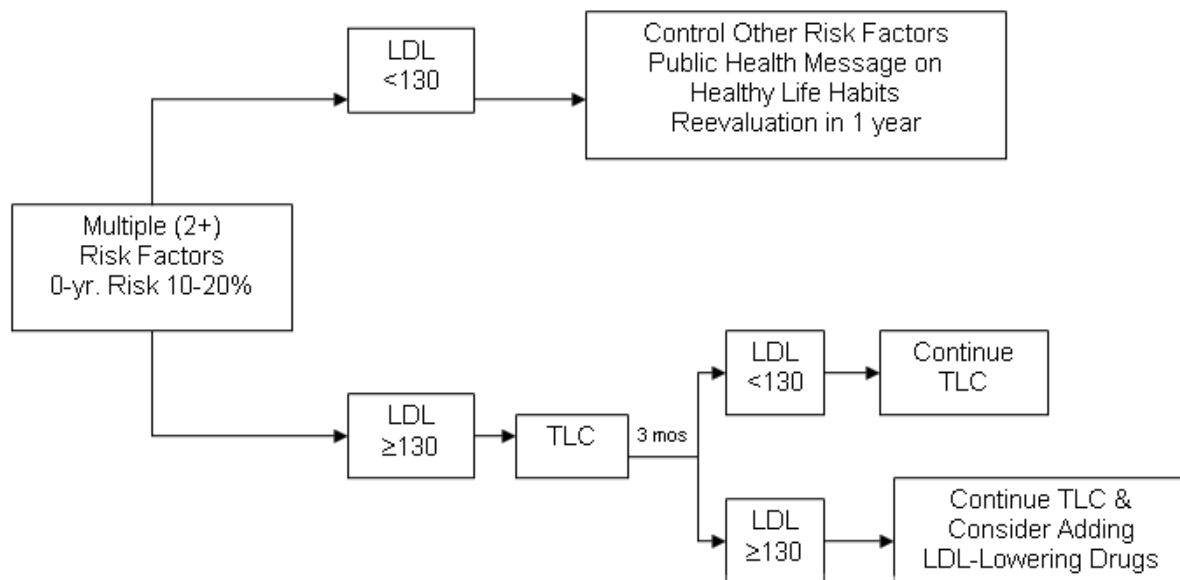
\*The LDL cholesterol goal is <100 mg/dL.



\*Therapeutic options include intensifying LDL-Lowering dietary or drug therapies, emphasizing weight reduction and increased physical activity, adding drugs to lower triglycerides or raise HDL cholesterol (nicotinic acid or fibrates), and intensifying control of other risk factors.

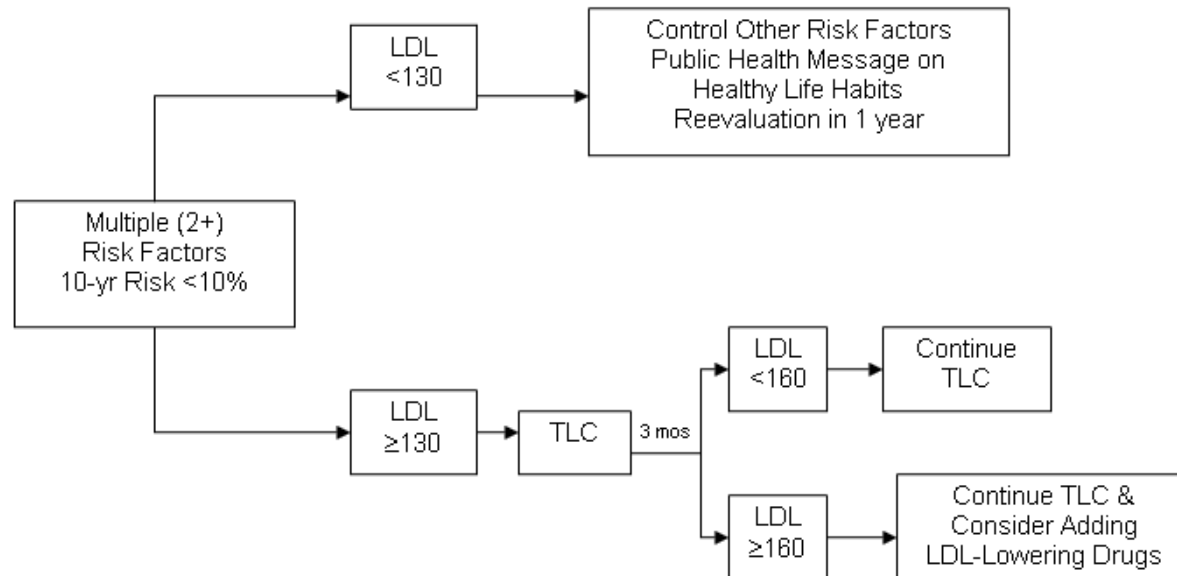
**Therapeutic approaches to persons with multiple risk factors,**  
**10-year risk 10-20 Percent**

The LDL cholesterol goal is, 130 mg/dL. Drugs can be considered if necessary to attain the LDL cholesterol goal if LDL cholesterol level is >130 mg/dL after a trial of TLC.



### Therapeutic approaches to the patient with multiple (2+) risk factors, 10-year risk <10 percent

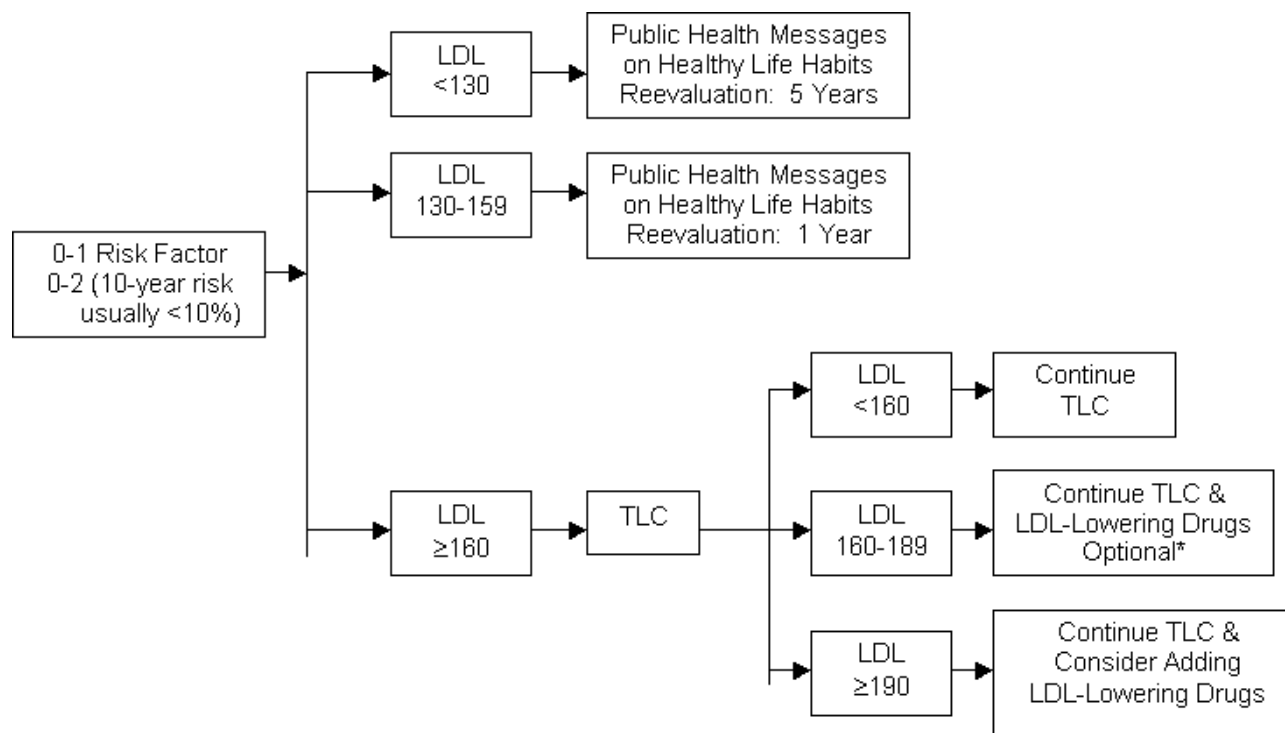
The LDL cholesterol goal is <130 mg/dL. Drug therapy can be considered if LDL cholesterol is  $\geq 160$  mg/dL after a trial of TLC.



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### **Therapeutic approaches to persons with 0-1 risk factor**

The LDL cholesterol goal is <160 mg/dL. Drug therapy can be considered if the LDL cholesterol level is >190 mg/dL after a trial of TLC. If LDL cholesterol is 160-189 mg/dL, drug therapy is optional depending on clinical judgment.



\*Factors favoring drug use are a severe single risk factor, a family history of premature CHD, and/or underlying or emerging risk factors in addition to a single major risk factor.