

Ten Things Your Physician Probably Doesn't Know About Cholesterol #1

Recently, I was asked by a friend of mine who happens to be a physician a very simplistic question about cholesterol. I began to think about how many doctors were uninformed about the basics. I thought about 10 different important points that should be known by doctors and even by many patients and decided I would write about them. Everything I write is not my personal opinion, but is either in a guideline, a textbook, or a published paper in one of the top peer-review journals.

Traditionally, physicians looked at the total cholesterol and have told patients that if it is >200mg/dl it is bad and <200mg/dl it is good and have mistakenly believed that the total cholesterol number is the goal of therapy. Thus, it has become pretty much dogma that patients memorize their total cholesterol number so they can compare it with friends or tell their doctor. Surprisingly, lowering one's total cholesterol is not even mentioned by The National Cholesterol Education Panel (NCEP) ATP III as a goal of cholesterol management. The National Heart, Lung, and Blood Institute (NHLBI) launched the National Cholesterol Education Program (NCEP) in November 1985. The goal of the NCEP is to contribute to reducing illness and death from coronary heart disease (CHD) in the United States by reducing the percent of Americans with high blood cholesterol. In 1988, the first guidelines from the 1st Adult Treatment Panel of NCEP, which was called NCEP ATP I, were published. Since that time many studies were published and guidelines have been updated. ATP II was published in 1993, and ATP III issued an evidence-based set of guidelines on cholesterol management in 2001. Since this publication; however, 5 major clinical trials of statin therapy were published and addressed issues that were not examined in previous clinical trials of cholesterol lowering therapy. Thus, in 2004, an ATP III addendum was published with revised guidelines. These guidelines are currently used by physicians to treat high cholesterol levels. The next sets of guidelines, called ATP IV, are scheduled to be published in the fall of 2011. Although physicians still talk about total cholesterol levels, all the ATPs had/have lowering **LDL cholesterol** (the bad cholesterol) as the primary target of therapy and have never once mentioned total cholesterol!!! The truth is that prior to ATP 1, based on the data from the famous MRFIT trial, it was shown that those patients with a total cholesterol >200mg/dl were at increased risk of a cardiovascular event and those with a level <200mg/dl at a lower risk. Apparently, in the evolution of understanding lipid management and therapy, it is was incorrectly stated that a magic cholesterol level of 200mg/dl or less was the goal of therapy.