Lipid goal

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Guidelines for lipid control are based on the results of clinical studies. For the 3 components of lipid profile measured at daily practice, that is, low density lipoprotein cholesterol (LDL-C), high density lipoprotein cholesterol (HDL-C) and triglycerides (TG), although observational studies showed that the cardiovascular (CV) risk is either positively or negatively proportional to the levels of each one of the 3 lipid components, pharmacological intervention studies so far only unequivocally supported that the reduction of LDL-C is beneficial for CV protection, and statin is a major contributor. Therefore, much attention is paid on the attainment of LDL-C goal. Current guidelines for LDL-C goal are tailored according to risk level, the higher the risk, the lower the goal. In Taiwan, the reimbursement guideline by National Health Insurance Bureau also followed similar principles. However, patients with very high CV risk were not separated to have a lower goal. In contrast, in the past 10 years, more groups of patients had been identified to have very high CV risk. The 2011 ESC/EAS Guidelines defined individuals at very high risk are those with documented CV diseases by invasive or non-invasive testing, previous myocardial infarction, acute coronary syndrome, coronary revascularization and other arterial revascularization procedures, ischaemic stroke, peripheral artery disease, Type 2 DM, type 1 DM with target organ damage (such as microalbuminuria), moderate to severe chronic kidney disease (GFR < 60 mL/min/1.73 m2) and 10 year risk score ≥10%. The recommended LDL-C goal for these patients is 70 mg/dL.