

Lipid, Blood Sugar, Blood Pressure, or Platelet, Which One Is More Important?

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Cardiovascular disease is the most important cause of death in the world today, with a lifetime risk at age 40 of 1 in 2 for men and 1 in 3 for women in developed countries. Prevention requires major action to reduce the adverse consequences of global risk factors for cardiovascular disease. There is a wealth of scientific evidence that lifestyle interventions and the use of drug therapies in patients with coronary heart disease (CHD) and individuals at high risk for developing CHD can reduce cardiovascular morbidity and mortality. In clinical practice, these individuals remain the priority for prevention. Appropriate prevention and management of coronary heart disease (CHD) requires an integrated approach to the reduction of risk factors. These principally include reduction of elevated lipids, control of blood pressure, and cessation of smoking. In addition, appropriate exercise, diet, and weight reduction (where necessary) are also important. Control of diabetes and stress management may also be helpful. Aspirin therapy is appropriate for all patients with known CHD and selected patients without CHD who have diabetes or several risk factors, including nonmodifiable risk factors such as age, a positive family history, and male gender. The new guidelines have been formulated as a result of evidence from numerous epidemiological, observational and clinical trials and define specific goals of therapy for the management of lipids, blood pressure, diabetes and thrombogenesis. The intensity of lifestyle intervention and need for drug therapy should be determined by the absolute risk of a major ischemic event, based on an assessment of all risk factors. Implementation of these recommendations in clinical practice will ensure a common approach to CHD prevention and improve patients' quality of life.