Canadian Journal of Cardiology

Volume 29, Issue 2, February 2013, Pages 151-167

Society guidelines

2012 Update of the Canadian Cardiovascular Society Guidelines for the Diagnosis and Treatment of Dyslipidemia for the Prevention of Cardiovascular Disease in the Adult

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https://doi.org/10.1016/j.cjca.2012.11.032

Abstract

Many developments have occurred since the publication of the widely-used 2009 Canadian Cardiovascular Society (CCS) Dyslipidemia guidelines. Here, we present an updated version of the guidelines, incorporating new recommendations based on recent findings and harmonizing CCS guidelines with those from other Societies. The **G**rading of **R**ecommendations **A**ssessment, **D**evelopment and **E**valuation (GRADE) system was used, per present standards of the CCS. The total cardiovascular disease Framingham Risk Score (FRS), modified for a family history of premature coronary disease, is

recommended for risk assessment. Low-density lipoprotein cholesterol remains the primary target of therapy. However, non-high density lipoprotein cholesterol has been added to apolipoprotein B as an alternate target. There is an increased emphasis on treatment of higher risk patients, including those with chronic kidney disease and high risk hypertension. The primary panel has recommended a judicious use of secondary testing for subjects in whom the need for statin therapy is unclear. Expanded information on health behaviours is presented and is the backbone of risk reduction in all subjects. Finally, a systematic approach to statin intolerance is advocated to maximize appropriate use of lipid-lowering therapy. This document presents the recommendations and principal conclusions of this process. Along with associated Supplementary Material that can be accessed online, this document will be part of a program of knowledge translation. The goal is to increase the appropriate use of evidence-based cardiovascular disease event risk assessment in the management of dyslipidemia as a fundamental means of reducing global risk in the Canadian population.

RÃ©sumÃ©

De nombreux dÃ©veloppements sont survenus depuis la publication communÃ©ment utilisÃ©e des Lignes directrices 2009 de la SociÃ©tÃ© canadienne de cardiologie (SCC) sur la dyslipidÃ©mie. Nous prÃ©sentons ici une version mise Ã jour des lignes directrices, qui inclut des nouvelles recommandations fondÃ©es sur des rÃ©sultats rÃ©cents qui harmonisent les lignes directrices de la SCC Ã celles d'autres sociÃ©tÃ©s. La mÃ©thode GRADE (***G**rading of **R**ecommendations **A**ssessment, **D**evelopment and **E**valuation*) a Ã©tÃ© utilisÃ©e selon les normes actuelles de la SCC. Le score de risque cardiovasculaire global de Framingham (SRF) total sur les maladies cardiovasculaires modifiÃ© pour tenir compte des antÃ©cÃ©dents familiaux de coronaropathie prÃ©maturÃ©e est recommandÃ© pour l'Ã©valuation du risque. Le cholestÃ©rol Ã lipoprotÃ©ines de faible densitÃ© demeure la cible principale du traitement. Cependant, le cholestÃ©rol non Ã lipoprotÃ©ines de haute densitÃ© a Ã©tÃ© ajoutÃ© Ã l'apolipoprotÃ©ine B comme autre cible. L'accent est davantage mis sur le traitement des patients exposÃ©s Ã un risque Ã©levÃ©, incluant ceux ayant une maladie rÃ©nale chronique et une hypertension Ã risque Ã©levÃ©. Le panel principal a recommandÃ© une utilisation judicieuse d'examens secondaires des sujets chez qui la nÃ©cessitÃ© d'un traitement par des statines est incertaine. De plus en plus de renseignements sur les comportements en matiÃ¨re de santÃ© sont prÃ©sentÃ©s et sont les bases de la rÃ©duction du risque chez tous les sujets. Finalement, une approche systÃ©matique sur l'intolÃ©rance aux statines est recommandÃ©e pour

optimiser l'utilisation de traitements hypolipidÃ©miants. Ce document prÃ©sente les recommandations et les conclusions principales de ce processus. Par les contenus complÃ©mentaires associÃ©s qui peuvent Ãªtre consultÃ©s en ligne, ce document fera partie d'un programme d'application des connaissances. Le but est d'accroÃ®tre l'utilisation appropriÃ©e de l'Ã©valuation des risques d'Ã©vÃ©nements cardiovasculaires fondÃ©e sur les preuves dans la prise en charge de la dyslipidÃ©mie en tant que moyen fondamental pour rÃ©duire le risque global dans la population canadienne.

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Recommended articles

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A summary of recommendations for this article is available in the Supplementary Material.

The disclosure information of the authors and reviewers is available from the CCS on the following websites: www.ccs.ca and/or www.ccsguidelineprograms.ca.

This statement was developed following a thorough consideration of medical literature and the best available evidence and clinical experience. It represents the consensus of a Canadian panel comprised of multidisciplinary experts on this topic with a mandate to formulate disease-specific recommendations. These recommendations are aimed to provide a reasonable and practical approach to care for specialists and allied health professionals obliged with the duty of bestowing optimal care to patients and families, and can be subject to change as scientific knowledge and technology advance and as practice patterns evolve. The statement is not intended to be a substitute for physicians using their individual judgement in managing clinical care in consultation with the patient, with appropriate regard to all the individual circumstances of the patient, diagnostic and treatment options available and available resources. Adherence to these recommendations will not necessarily produce successful outcomes in every case.

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