

Treatment Patterns and Distribution of Low-Density Lipoprotein Cholesterol Levels in Treatment-Eligible U.S. Adults

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Cholesterol reduction is an important strategy for preventing heart attacks, particularly among individuals who already have coronary heart disease. Clinical guidelines focus on reducing low-density lipoprotein (LDL, the “bad” cholesterol) cholesterol and increasing high-density lipoprotein cholesterol (the “good” cholesterol). Despite these guidelines, a large number of U.S. adults do not meet treatment goals.

This paper analyzes LDL cholesterol levels in a nationally representative sample of adults who responded to Phase 2 of the third National Health and Nutrition Examination Survey (NHANES III) between 1991 and 1994. We found that 65% of adults who were eligible for treatment reported that they did not receive care, and most high-risk individuals who were eligible for treatment were not at their treatment goals. For example, 82% of adults with coronary heart disease were not at their target LDL cholesterol level of 100 mg/dl. Overall, 40% of people who qualify for drug therapy required an LDL cholesterol reduction of >30% to meet their treatment goal; of those with coronary heart disease who qualify for drug therapy, approximately 75% required a reduction of >30%.

This paper showed that most U.S. adults eligible for cholesterol-lowering therapy report that they do not receive treatment. In addition, most persons who qualify for drug treatment require substantial reductions in LDL cholesterol levels, and not all available therapies can provide the needed reductions. These findings may help explain why many individuals receiving therapy do not reach their treatment goals. The paper has been cited over 100 times in medical journal articles discussing cholesterol reduction.

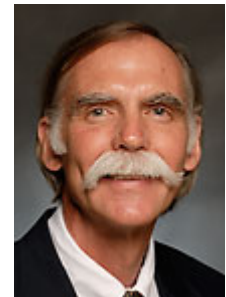
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