



4TH DAILY CARDIOLOGY
SYMPOSIUM

CONCISE, PRECISE, PRACTICAL

Oil In The Fire!

Diagnosis and Management of High Plasma LDL-C

Learning Objectives and Case



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Learning Objectives

- Diagnosis of high plasma LDL-c
 - Considerations for the Laboratory Testing
 - Screening for High Plasma LDL-c
 - When to Consider Familial Hypercholesterolemia
- Non-pharmacologic Approaches to the Management of High Plasma LDL-c
 - Diet
 - Physical Activity
 - Lifestyle Modification

Learning Objectives

- Treatment and Follow-up of High Plasma LDL-c in the Primary Prevention of CVD
 - CVD Risk Assessment Tools
 - Indications for Initiating Statins
 - Statin Intensity Considerations
 - Non-Statins Lipid-Lowering Agents
 - Stepwise Intensification of the Lipid-Lowering Treatment
 - Treatment Goals in Different Populations
 - Monitoring and Managing Side Effects
 - Assessing and Managing Nonadherence

Learning Objectives

- Treatment and Follow-up of High Plasma LDL-c in the Secondary Prevention of CVD
 - Risk Stratification in the Secondary Prevention of CVD
 - Initial Statin Therapy
 - Stepwise Intensification of the Lipid-Lowering Treatment
 - Treatment Goals in Different Populations
 - Safety of Low LDL-c Levels
 - Special Populations
 - Elderly Patients
 - Very High Risk Patients
 - Patients with Childbearing Potential and Pregnant Patients

Case

- 54 Y/O gentleman, truck driver, referred to you by the primary care physician for the abnormal lipid profile
- PMH: HTN from 5 years ago, current smoker (20 PY)
- DH: Amlodipine 5mg Daily
- FH: The patient's brother died do to myocardial infarction at the age of 51
- The patient is almost always sitting down due to long hours of driving and usually consumes high-fat, high-calorie meals in restaurants.

Case

- Ph/E:
 - BP: 134/86, HR: 83bpm, Spo2: 99% in room air, BMI: 30, otherwise unremarkable
- ECG: NSR, signs in favor of LVH
- Recent Lab:
 - FPG: 103 mg/dL, HbA1c: 6.3%, CBC, LFT, TFT, Cr, Electrolytes: NL
 - LDL: 155 mg/dL, HDL: 36 mg/dL, TC: 253 mg/dL, TG: 310 mg/dL

**What is your approach to the management of
abnormal lipid profile in this patient?**

Thank you for your attention



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