



Recently Released

New and Improved Cardiovascular Prevention Guidelines

In November 2013, the American College of Cardiology and the American Heart Association, in conjunction with the National Heart Lung and Blood Institute, released four long awaited and eagerly anticipated guidelines dealing with the prevention of cardiovascular disease by assessing risk, and by treating and managing lifestyle choices, cholesterol and weight. The guideline for hypertension will be released at a later date. Prevention is the overall goal.

The Guideline on the Assessment of Cardiovascular Risk updates the previous guideline of 2010 by including a calculator developed by analyzing information from 25,000 study participants to estimate the risk of a cardiovascular events including stroke in the next 10 years. The equation considers age, sex, race, total and HDL cholesterol, blood pressure treatment, diabetes and smoking. Where there remains uncertainty, other measures such as a family history of early heart disease, coronary artery calcium scores (a measure of vascular calcium deposition in the heart arteries), serum high sensitivity C reactive protein (a blood protein associated with vascular inflammation), and ankle brachial (arm) blood pressure measurements may add information. Lifetime risk for those less than 59 years can also be calculated. These tools allow your physician to better identify people who will benefit from lifestyle changes and risk reduction therapies.

The new and novel guideline on lifestyle management acknowledges the importance of a healthy diet and exercise regimen for the prevention and treatment of cardiovascular diseases. It summarizes all current evidence based medical studies and makes three major recommendations:

- Eat a diet rich in fruit, vegetables, whole grains, fish, low fat dairy, lean poultry, nuts, legumes and nontropical vegetable oils consistent with the American Heart Association, USDA, DASH and Mediterranean diets. Web sites for these diets provide recipes and other details.
- Avoid saturated and trans fats, sweets, sugar sweetened beverages and excess sodium intake especially in processed foods.
- Engage in aerobic physical activity of moderate to vigorous intensity lasting 40 minutes per session three to four times a week.

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The management of overweight and obesity in adults provides information that primary care physicians can use to diagnose and treat patients. Measurements of body mass index or BMI (a ratio of weight in kilograms to surface area in meters squared) and waist circumference are used to identify overweight people (BMI 25 to 30, waist circumference of 40 inches for men and 35 inches for women), and obesity (BMI over 30). Weight loss should be encouraged with a BMI over 25 and one additional risk factor. Weight loss of as little as 2-5% can achieve meaningful health improvement although 5-10% is encouraged. Structured weight loss behavioral programs for patients have the best results. No particular diet was found to be superior to the others. There is a place for bariatric surgery for those with a BMI greater than 35 and one additional risk factor such as diabetes, or a BMI of 40 or more.

The guideline for the treatment of blood cholesterol to reduce cardiovascular risk marks a change from previous guidelines. It emphasizes the intensity of treatment for a particular patient instead of targeting a specific LDL cholesterol goal. Statin therapy rather than other cholesterol lowering drugs was considered to have the best risk-benefit ratio. Four groups of patients are felt to benefit from statin therapy:

- Those with a history of atherosclerotic cardiovascular disease.
- Those with an LDL cholesterol level of 190 mg/dl or more.
- Patients with diabetes who are aged 40-75 with no known cardiovascular disease and LDL cholesterol level of 70-189 mg/dl.
- Those with a 10 year cardiovascular risk using the new calculator of 7.5% or higher and an LDL cholesterol of 70-189 mg/dl and no known cardiovascular disease.

If possible high intensity statin therapy (atorvastatin 80 mg- Lipitor, or rosuvastatin 20-40 mg-Crestor) should be used for the first two groups to achieve a 50% reduction in LDL cholesterol. Moderate or high intensity statin therapy can be used for the last two groups.

These new guidelines, supported by the weight of extensive evidence and multiple experts will help the physician and patient navigate the decision making process and lead to a healthier and hopefully longer life.



Dr. Frederick G. Kushner is a cardiologist at West Jefferson Medical Center and clinical professor of medicine at Tulane and LSU. He trained at Columbia, the University of Pennsylvania, and finished his internal medicine and cardiology fellowship at Harvard. He serves on the Science Board to the FDA and was a member of the Task Force for Practice Guidelines and Vice Chair of the guideline for the management of heart attacks of the American College of Cardiology and the American Heart Association. He was an official reviewer of the recently released Lifestyle Guidelines.