Cardiovascular disease is the leading cause of death in developing countries as well as in the United States. In developed countries, the prevalence of cardiovascular disease has increased in the past 40 years, although the mortality rate has declined. The etiology of cardiovascular disease is complex and multifactorial and influenced by a variety of modifiable and non-modifiable risk factors. Modifiable risk factors include hyperlipidemia, obesity, hypertension, diabetes, smoking, physical inactivity, and diet. Non-modifiable factors include family history, age, and gender. Modifiable risk factors play a fundamental role in primary and secondary prevention of cardiovascular disease and account for up to 90% of population-attributable cardiac risk. A high concentration of plasma lipids, and high concentration of low density lipoprotein cholesterol in particular, are implicated in the etiology of atherosclerosis and increased incidence of cardiovascular disease such as coronary artery disease, peripheral vascular disease, and ischemic cerebrovascular disease. Hyperlipidemias are also associated with primary hypertension and metabolic syndrome.

Data published by the national heart lung and blood Institute revealed that a significant number of Americans 20 years of age and older had total blood cholesterol levels of 200 mg/dl or greater. More alarmingly many individuals have dangerously high cholesterol concentrations associated with high risk of cardiovascular morbidity and mortality. Hyperlipidemia and specifically hypertriglyceridemia are often present in patients with metabolic syndrome. This is characterized by a constellation of signs and symptoms including abdominal obesity, hypertension, insulin resistance, low levels of high density lipoprotein and increased risk of cardiovascular disease. Hypertriglyceridemia has also been reported to be a sign of underlying pancreatitis, and severe hypertriglyceridemia has been established as the etiology of 7% of pancreatitis. However, it must be pointed out that hypertriglyceridemia induced pancreatitis rarely occurs unless the levels exceed 1,700 mg/dl. Remember normal triglyceride level is less than 150 mg/dl.

It is well established that effective lipid management slows the progression of atherosclerosis and lowers morbidity and mortality of cardiovascular disease. As a result, early diagnosis and appropriate clinical management of hyperlipidemias has become a public health priority in the primary and secondary prevention of cardiovascular disease. Guidelines for the management of hyperlipidemia focus not only on the administration of lipid lowering drugs but also the implementation of lifestyle changes. Together, these interventions assist with patient adherence and improve clinical outcomes. This approach requires collaboration among all members of the multidisciplinary team of healthcare providers including nurses, pharmacists, dietitians, counselors, and physiotherapists.

Once again here at the Legitimate Practitioner, we bring you information on the number one cause of death both in United States and worldwide in the hopes that you and your
family can pay attention and modify the risk factors that can give you a better quality and quantity of the life that you and your loved ones will certainly want for one another.