Editor’s message

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Almost a decade has passed since the National Cholesterol Education Program released the Adult Treatment Panel II (ATP II) recommendations on the management of dyslipidemias (JAMA 1993;269:3015-3023). Despite extensive educational efforts, many patients at risk for coronary heart disease (CHD) are still not adequately protected from a first cardiovascular event, and those with existing CHD are not reaching the low-density lipoprotein cholesterol (LDL-C) goal levels established in the ATP II guidelines to prevent recurrence. These challenges have grown more pressing with the recent release of the ATP III guidelines, which greatly broaden the category of patients who are at risk for a first event and establish even more aggressive targets for lipid levels in both primary and secondary prevention.

Furthermore, the new ATP III guidelines (JAMA 2001;285:2486-2497) emphasize that LDL-C levels must be considered in the context of other risk factors for CHD. These recommendations are based on compelling clinical data and a growing body of knowledge about interrelated factors that adversely affect endothelial function and the stability of atherosclerotic plaque. These factors contribute to disease progression by triggering oxidative and inflammatory reactions, impairing vasodilation, and promoting thrombogenicity. This new evidence strongly suggests that both conventional and novel factors must be addressed when evaluating risk level and designing a comprehensive treatment plan.

This supplement summarizes the proceedings of a seminar conducted on March 30, 2001, in Philadelphia during the 38th Annual Convention of the American College of Osteopathic Family Physicians. The program, titled The Faces of Risk for CHD: Preventing Atherosclerosis Through Early Identification and Lipid Intervention, included three key presentations highlighting the importance of lifestyle modification in prevention of CHD, the need for early and aggressive intervention in patients at risk for CHD, and the use of effective lipid-lowering therapy. The faculty also reviewed emerging data showing that drug therapy with statins not only results in lowering LDL-C levels, but also may reduce the risk of cardiovascular events by stabilizing atherosclerotic plaques and restoring endothelial function.

Although the meeting was conducted before the release of the ATP III guidelines, the emphasis on more intensive efforts to normalize lipid levels is consistent with the new recommendations. Wherever possible, articles appearing in this supplement to JAOA have been updated to reflect the new guidelines.

I encourage you to review these discussions and apply them to your strategies for primary and secondary prevention of CHD. Through the combined efforts of cardiologists and primary care physicians, atherosclerosis can be proactively treated before progression to ischemic events. Your comments are most welcome.