JCC-ACC ジョイントシンポジウム

Session 2　Lipid management guideline in US and Japan

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Overview of the 2013 ACC/AHA CVD Prevention Guideline

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Nearly a decade after the NCEP ATP III guideline was promulgated in 2013; the American College of Cardiology and American Heart Association jointly published "Guideline on the Treatment of Blood Cholesterol." The shift in ownership reflected the National Heart Lung and Blood Institute leadership's desire to collaborate with the American College of Cardiology and the American Heart Association (ACC/AHA) to establish an updated guideline. The new document reflects a change in approach. The 2013 guideline focused on an evidence-based approach to reduce cardiovascular risk as provided from relevant clinical endpoints. Accordingly, the treatment designs continue to utilize therapeutic lifestyle change (TLC) and therapy is primarily based on data for implementing statin therapy. The evidence for use of other anti-cholesterol agents was not considered compelling for inclusion. Specifically, the new guideline focuses on the use of moderate or high intensity statin therapy in four discrete populations: (1) patients with a pre-existing history of cardiovascular disease, (2) diabetes, (3) significantly elevated cholesterol, or (4) elevated CV risk scores based on Pooled Cohort Databases.

The new guideline deviates significantly from the 2004 guideline. Previously, NCEP ATP III relied upon "expert" opinion and consensus management whereas; the 2013 guideline was heavily evidence-based. The 2004 guideline generally focused on stepped therapy based on discrete cholesterol cut points.

In the NCEDP ATP III document, each treatment category was patient specific and included LDL goals for initiating TLC and drug therapy. The 2013 guideline represents an entirely new approach to patient lipid management. As defined, there are four major statin-benefit groups: (1) ASCVD (history of acute coronary syndrome, myocardial infarction, stroke, transient ischemic attack, or peripheral arterial disease), (2) LDL-C >190 mg/dL and age >21 years, (3) ages 40 to 75 with diabetes (type 1 or 2) and LDL-C 70 to 189 mg/dL without ASCVD and (4) ages 40 to 75 years with no ASCVD or diabetes, but with LDL 70 to 189 mg/dL and estimated 10-year ASCVD risk ≥ 7.5%.

There has been extensive discussion about another major change in the 2013 guideline; that is the use of a new risk-assessment tool, the Pooled Cohort Equations. This approach signaled a distinct departure from the Framingham risk-assessment tool previously used. The Pooled Cohort Equations are used to calculate the 10-year risk of ASVCD by the Risk Assessment Work Group. The implementation and efficacy of the new guideline remain to be determined.