National Cholesterol Education Program Guidelines

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What to do About High Cholesterol DIANE Publishing

Impact and Implementation of the New GuidelinesNational Cholesterol Education ProgramFamily Nurse Practitioner Adherence to National Cholesterol Education Program: Guidelines for Patients with Coronary Health DiseaseImpact of the New National Cholesterol Education Program (NCEP) Guidelines on Management of Heartlife Cardiac Rehabilitation PatientsDifferences in Physician Assistant Compliance with National Cholesterol Education Program Guidelines Based on Patient Age and SexFrontiers in the Nutrition SciencesNational Academies Press

Coronary Primary Prevention Trial Academic Press

This report presents the Nat. Cholesterol Ed. Program's (NCEP) updated recommendations for cholesterol testing and management. It focuses on the role of the clinical approach to prevention of coronary heart disease (CHD). This report, like the 2nd Report (ATP II), continues to identify low-density lipoprotein (LDL) as the primary target of cholesterol-lowering therapy. Since ATP II, a number of controlled clinical trials with newer cholesterol-lowering drugs have been reported. These trials demonstrated remarkable reductions in risk for CHD, in both primary and secondary prevention. Their results enrich the evidence base upon which the new guidelines are founded. Includes numerous tables and a 17-page Executive Summary.

Nurse Practitioners' Management of Patients with Hyperlipidemia Treated with Lipid-lowering Medication Harvard Health Publications

Abstract: The hearing reported in this document considered the debate over the role government should play in cholesteral education. The value of the National Heart, Lung, and Blood Institute's massive National Cholesteral Education Program in questioned and the placement of such a high priority on cholesteral education while other national health problems exist is challenged. Two witnesses testify that the hazards of cholesteral have been greatly exaggerated. Methods of cholesteral screening (public screenings vs. private visits to doctors) and their relative merits are discusses. Other witnesses assert that the dangers of cholesteral are not overstated and that the government's role in publicizing cholesteral related information will help to lower suffering and death from chronic heart disease.

Nurse Practitioner Management of High Cholesterol DIANE Publishing

Coronary heart disease (CHD) causes more deaths in the United States than any other. Those with known CHD are at increased risk for future coronary events, and high levels of low-density lipoprotein cholesterol (LDL-C) have been proven to hasten this process. Attainment of the National Cholesterol Education Program (NCEP) target LDL-C levels is a difficult undertaking. The purpose of this retrospective descriptive study was to assess adherence to NCEP Adult Treatment Panel III (ATP III) LDL-C guidelines of cardiologists as a whole and independently. Demographic variables were examined. This data collection and interpretation provides valuable information to develop strategies for improved attainment of these guidelines. The Quality Assurance Model Using Research was the framework of this study. Results indicated excellent adherence (93.8%) to NCEP ATP III LDL-C guideline in patients at high risk for CHD and fair (40.2%) adherence to NCEP ATP III LDL-C guideline in very-high risk for CHD patients.

Cholesterol Education Program National Academies Press

Hyperlipidemia is associated with high morbidity, mortality and high health care costs. This disease is frequently managed in the primary care setting. Evidence-based research has led to clinical practice guidelines for the management of hyperlipidemia. These guidelines were published in 1994, by the National Cholesterol Education Program (NCEP) (Expert panel on detection, evaluation and treatment of high blood cholesterol in adults, 1994). This quantitative, descriptive study, examined whether patients, treated primarily by nurse practitioners, who are taking lipid-lowering drugs are at LDL goal according to NCEP guidelines. Twenty-nine medical charts, corresponding to thee nurse practitioners, at two different sites, were audited using a data collection tool. Simple and descriptive statistical methods were used to analyze data collected. The results yielded that 59% of patients, treated primarily by nurse practitioners, taking medication for hyperlipidemia, were at the recommended LDL goal set by the National Cholesterol Education Program. However, 38% of patients were not at the recommended LDL goal. Fifty percent of patients with known coronary artery disease did not meet the recommended LDL goal. Therefore, in this study, the patients at greatest risk for an ischemic coronary event, were the least likely to be treated to meet the NCEP recommended LDL goal.

National Cholesterol Education Program Springer

Dyslipidemias: Pathophysiology, Evaluation and Management provides a wealth of general and detailed guidelines for the clinical evaluation and management of lipid disorders in adults and children. Covering the full range of common through rare lipid disorders, this timely resource offers targeted, practical information for all clinicians who care for patients with dyslipidemias, including general internists, pediatric and adult endocrinologists, pediatricians, lipidologists, cardiologists, internists, and

geneticists. For the last twenty years, there has been a growing recognition worldwide of the importance of managing dyslipidemia for the primary and secondary prevention of atherosclerotic vascular disease, especially coronary heart disease. This has been mainly due to the publication of the guidelines of National Cholesterol Education Program ' s Adult Treatment Panel and Pediatric Panel from the United States. These guidelines have stimulated generation of similar recommendations from all over the world, particularly Europe, Canada, Australia and Asia. Developed by a renowned group of leading international experts, the book offers state-of-the-art chapters that are peer-reviewed and represent a comprehensive assessment of the field. A major addition to the literature, Dyslipidemias: Pathophysiology, Evaluation and Management is a gold-standard level reference for all clinicians who are challenged to provide the best care and new opportunities for patients with dyslipidemias.

A Symposium BiblioGov

Pursuant to a congressional request, GAO reviewed the evidence from clinical trials that the National Heart, Lung, and Blood Institute (NHLBI) used to develop its National Cholesterol Education Program guidelines. GAO found that: (1) meta-analyses of trial data consistently show that cholesterol treated persons, regardless of their medical history, have significantly fewer non-fatal heart attacks than untreated persons; (2) treated persons also showed a reduction in the number of fatal heart attacks compared to the nontreated group, but the difference was not statistically significant except among those who had a history of coronary heart disease (CHD); (3) according to one trial, cholesterol treatment has not led to a reduction in deaths from all causes; (4) the increase in deaths from other causes shown in the trials occurred primarily among persons whose risk for CHD was lower, whose cholesterol was reduced less, or who used certain drugs; (5) the two trials that used newer cholesterol-lowering drugs confirmed the finding that the more cholesterol levels were lowered, the fewer coronary events occurred; (6) previous trials were not representative of the population at large, since they focused mainly on middle-aged white men at high risk for CHD; (7) several clinical trials now under way are designed to provide additional information about treatment outcomes regarding total fatalities, persons with a moderate short-term risk for a coronary event, and the longer-term effects of the newer drugs; and (8) these trials are large and open to a broader range of participants, but whether they will provide broader information will depend on their actual enrollments.

National Academies Press

A review of the clinical trials evidence which was used to support the development of the National Cholesterol Education Program guidelines.

Meant to provide evidence about the correlation between coronary heart disease (CHD) and high cholesterol levels and the need to create new guidelines for education and treatment in an effort to prevent cases of CHD. Findings of studies and clinical trials are included, along with charts and graphs which show the trends and correlations. The objectives, scope, and methodology used in each study is discussed.

Guidelines for Nutrition Care of Renal Patients John Wiley & Sons

Approximately 99.5 million Americans have a total serum cholesterol level greater than 200mg/dL and close to 39.9 million Americans have levels greater than 240mg/dL. The purpose of this pilot study was to evaluate the effectiveness of nurse practitioners' management of patients with high cholesterol according to the National Cholesterol Education Program guidelines established in 1993. A retrospective medical record review of 50 patients diagnosed with either hypercholesterolemia or hyperlipidemia was conducted to measure nurse practitioner effectiveness. The results indicated that 92% of patients had a lipid profile checked on their initial visit with the nurse practitioner. Diet and exercise instruction occurred 86% of the time during the initial visit. Drug therapy increased from 30% to 56% during the series of three visits. The average cholesterol reduction rate was 3.4% to 63%, however, average follow up time for repeat lab analysis and counseling did not meet NCEP guidelines in 74% of the patients followed.

Cholesterol Treatment Impact and Implementation of the New GuidelinesNational Cholesterol Education ProgramFamily Nurse Practitioner Adherence to National Cholesterol Education Program: Guidelines for Patients with Coronary Health DiseaseImpact of the New National Cholesterol Education Program (NCEP) Guidelines on Management of Heartlife Cardiac Rehabilitation PatientsDifferences in Physician Assistant Compliance with National Cholesterol Education Program Guidelines Based on Patient Age and SexFrontiers in the Nutrition Sciences

This series of individually authored chapters examines the nature and extent of scientific advances in the nutrition sciences and describes both future opportunities in the field and barriers to progress. Despite concern about declining attention to nutrition in universities and medical schools, the authors offer a bright and challenging future in nutrition research and training that should generate enthusiasm among young researchers and teachers for this indispensable component of biology.

Adherence to Hypercholesterolemia Management Guidelines by Health Care Providers in a United States Air Force Medical Treatment Facility Elsevier Health Sciences

Abstract: The hearing reported in this document considered the debate over the role government should play in cholesteral education. The value of the National Heart, Lung, and Blood Institute's massive National Cholesteral Education Program in questioned and the placement of such a high priority on cholesteral education while other national health problems exist is challenged. Two witnesses testify that the hazards of cholesteral have been greatly exaggerated. Methods of cholesteral screening (public screenings vs. private visits to doctors) and their relative merits are discusses. Other witnesses assert that the dangers of cholesteral are not overstated and that the government's role in publicizing cholesteral related information will help to lower suffering and death from chronic heart disease.

Clinical Lipidology Handbooks in Health Care Company

Advances in medical, biomedical and health services research have reduced the level of uncertainty in clinical practice. Clinical practice guidelines (CPGs) complement this progress by establishing standards of care backed by strong scientific evidence. CPGs are statements that include recommendations intended to optimize patient care. These statements are informed by a systematic review of evidence and an assessment of the benefits and costs of alternative care options. Clinical Practice Guidelines We Can Trust examines the current state of clinical practice guidelines and how they can be improved to enhance healthcare quality and patient outcomes. Clinical practice guidelines now are ubiquitous in our healthcare system. The Guidelines International Network (GIN) database currently lists more than 3,700 guidelines from 39 countries. Developing guidelines presents a number of challenges including lack of transparent methodological practices, difficulty reconciling conflicting guidelines, and conflicts of interest. Clinical Practice Guidelines We Can Trust explores questions surrounding the quality of CPG development processes and the establishment of standards. It proposes eight standards for developing trustworthy clinical practice guidelines emphasizing transparency; management of conflict of interest ; systematic review--guideline development intersection; establishing evidence foundations for and rating strength of guideline recommendations; articulation of recommendations; external review; and updating. Clinical Practice Guidelines We Can Trust shows how clinical practice guidelines can enhance clinician and patient decision-making by translating complex scientific research findings into recommendations for clinical practice that are relevant to the individual patient encounter, instead of implementing a one size fits all approach to patient care. This book contains information directly related to the work of the Agency for Healthcare Research and Quality

(AHRQ), as well as various Congressional staff and policymakers. It is a vital resource for medical specialty societies, disease advocacy groups, health professionals, private and international organizations that develop or use clinical practice guidelines, consumers, clinicians, and payers.

Nutrition in the Prevention and Treatment of Disease

Nutrition in the Prevention and Treatment of Disease, Fourth Edition, is a compilation of current knowledge in clinical nutrition and an overview of the rationale and science base of its application to practice in the prevention and treatment of disease. In its fourth edition, this text continues the tradition of incorporating new discoveries and methods related to this important area of research Generating and analyzing data that summarize dietary intake and its association with disease are valuable tasks in treating disease and developing disease prevention strategies. Well-founded medical nutrition therapies can minimize disease development and related complications. Providing scientifically sound, creative, and effective nutrition interventions is both challenging and rewarding. Two new chapters on metabolomics and translational research, which have come to be used in nutrition research in recent years. The new areas of study are discussed with the perspective that the application of the scientific method is by definition an evolutionary process. A new chapter on Genetics and Diabetes which reviews the latest research on causal genetic variants and biological mechanisms responsible for the disease, and explores potential interactions with environmental factors such as diet and lifestyle. Includes all major "omics" – the exposome, metabolomics, genomics, and the gut microbiome. Expands the microbiota portions to reflect complexity of diet on gut microbial ecology, metabolism and health

Cardiologist Adherence to NCEP ATP III LDL-C Guidelines in Patients with Known Coronary Heart Disease

Clinical Lipidology, a companion to Braunwald's Heart Disease, is designed to guide you through the ever-changing therapeutic management of patients with high cholesterol levels. From basic science to pathogenesis of atherothrombotic disease, to risk assessment and the latest therapy options, this medical reference book offers unparalleled coverage and expert guidance on lipidology in a straightforward, accessible, and user-friendly style. Get authoritative guidance from some of the foremost experts in the field. Easily access key content with help from treatment algorithms. Access options and evidence-based solutions for every type of patient scenario, as well as the latest clinical guidelines and clinically relevant evidence on risk assessment, special patient populations, and therapy, including recently approved and experimental therapies. Remain at the forefront of the cardiology field with up-to-date chapters on treatment guidelines; diet, exercise, and weight loss; pharmacologic therapies such as statins, omega-3 fatty acids, and combination therapy; evolving targets of therapy such as PCSK9 inhibition, CETP inhibition, and inflammation Prepare for special patient populations such as children and adolescents; women and the elderly; transplant recipients; HIV patients; and those with chronic renal disease, familial hypercholesterolemia, other severe hypercholesterolemias, diabetes, or other metabolic syndromes. Take advantage of a format that follows that of the well-known and internationally recognized Braunwald's Heart Disease. Expert Consult eBook version included with purchase.

A Patient's Handbook on Cholesterol Disorders

Practical ABC style Enables doctors to prioritise treatment using risk-scoring systems and holistic recommendations for reducing cardiovascular risk Includes treatment plans for individuals with diabetes, who are at high risk of developing cardiovascular disease How to reduce cardiovascular risk in other specific patient groups Developed by expert groups in different regions of the world

Frontiers in the Nutrition Sciences

Dyslipidemias

Second Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (adult Treatment Panel II).

Info Memo

A Symposium: National Cholesterol Education Program Adult Treatment Panel III - Impact and Implementation of the New Guidelines