



Objectives: Hyperlipidemia

1. Screen appropriate patients for hyperlipidemia.
2. In all patients whose cardiovascular risk is being evaluated, include the assessment of lipid status.
3. When hyperlipidemia is present, take an appropriate history, and examine test the patient for modifiable causes (e.g. alcohol abuse, thyroid disease).
4. Ensure that patients diagnosed with hyperlipidemia receive appropriate lifestyle and dietary advice. Continue to monitor and encourage these treatments on an ongoing basis.
5. In considering primary prevention for patients with intermediate risk scoring, consider coronary artery calcium measurements or Lipoprotein(a) measurements if appropriate.
6. In treating patients hyperlipidemia, establish target lipid levels based on overall CV risk.
7. In patients receiving medications for hyperlipidemia, periodically assess compliance with and side effects of treatment.
8. In patients intolerant to statins, consider non-statin pharmacologic options.
9. Do not routinely prescribe lipid-lowering medications in individuals with a limited life expectancy.

** Mapped to the CFPC's 105 priority topics: #48-Hyperlipidemia