

From the President's desk

In this issue, I am proud to announce the completion of a new and important IAS Position Paper: Global Recommendations for the Management of Dyslipidemia. This Position Paper is the result of more than a year of deliberations by a group of international experts led by Scott Grundy. Members of this group are listed at the end of this message. These experts were representatives of many different regions of the world. Questions relating to lifestyle and drug management of dyslipidemia were addressed in an iterative process that culminated in a final draft that was provided to the IAS Executive Committee for comments and suggestions. This final draft was also shared with IAS member societies for comments and ratification. Many of our member societies provided valuable feedback with suggestions that were incorporated into the final version of the document.

This IAS Position Paper provides background rationale, panel deliberations, and IAS recommendations. It reviews existing evidence-based recommendations and consolidates them into an overall set of recommendations. These recommendations are meant to inform clinical judgment and not to replace it. The report is divided into primary and secondary prevention. For secondary prevention, priority is given to randomized, controlled clinical trials (RCTs) because of a wealth of data. For primary prevention, RCT evidence is limited and recommendations are based on many years of accumulated research in epidemiology, genetics and basic science in addition to clinical trials.

As stated in the executive summary of the position paper, the major innovations are the following:

- International consensus guidelines based on multiple lines of evidence.
- Identification of non-HDL-cholesterol (non-HDL-C) as a major form of atherogenic cholesterol.
- Definition of atherogenic cholesterol as either LDL-cholesterol (LDL-C) or non-HDL-C.
- Definition of optimal levels of atherogenic cholesterol (both LDL-C and non-HDL-C) for primary and secondary prevention.
- Assigning priority to long-term risk categories over short-term risk.
- Adjustment of risk estimation according to baseline risk of different nations or regions.
- Primary emphasis on lifestyle intervention; secondary emphasis on drug therapy.

The current document resembles other guidelines in many respects. One aim of this IAS effort is to harmonize existing guidelines such that they are applicable on a worldwide basis. Moreover it adds a perspective that may not be present in some of the existing guidelines. An important goal of these new IAS recommendations is to reset the balance between lifestyle intervention and drug treatment.

I would like to stress that this Position Paper is intended to be a living document that will be updated on a regular basis as new evidence emerges. I would also like to say that it is the first in what will be a series of position papers on a range of topics related to the global prevention of atherosclerotic cardiovascular disease.

Finally, the IAS recognizes that many countries and regions have developed their own dyslipidemia guidelines. For them, this IAS document is available as a resource should they choose to modify their own guidelines. For countries and regions that do not currently have their own guidelines, the IAS document is available as an aid for them to develop their own guidelines (with help from the IAS if requested).

The position paper is now accessible at <http://www.athero.org/IASPositionPaper.asp>

*If you want to send comments and suggestions please send us an email at:
positionpaper@athero.org.*

We will be happy to respond.

IAS Panel for Global Recommendations for the Management of Dyslipidemia

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A handwritten signature in black ink, appearing to read 'G. Watts', with a long horizontal stroke extending to the right.