Lipids and the Primary Prevention of Heart Disease


Rating (out of 4): 1

Scope
The guideline is intended for all health care professionals who deal with patients at risk for coronary heart disease.

Clinical Question
What is the optimal management for patients at risk for coronary heart disease?

Excellent/Good Evidence

• Dietary Advice:
  - Dietary sodium intake should be reduced towards recommended levels of 100 mmol or 6 g salt per day.
  - Advice for a healthy diet will include increasing starchy carbohydrate, fruit and vegetables, while reducing saturated fat, sugar and salt.

• Medications:
  - For primary prevention of coronary heart disease, statins are now drugs of first choice for lowering lipids.
  - Treatment of hypertension is recommended to reduce the risk of both CHD and stroke.
  - Nicotine replacement therapy should be considered routinely in smokers attempting to quit.
Fair Evidence

Lifestyle measures:
Smoking:
• All patients should be actively discouraged from smoking.
• Repeated brief and supportive advice on smoking cessation should be given to patients by members of the primary care team.

Obesity:
• Realistic targets of 5-10 kg weight loss should be set for overweight and obese individuals.
• A successful strategy for weight loss will include advice not only on diet and exercise, but also on behavioural change, support systems, and maintenance of reduced weight.

Alcohol:
• Alcohol intake up to 21 units weekly for men and up to 14 units weekly for women is acceptable for general health and may be protective against CHD. Men drinking more than 21 units weekly and women drinking more than 14 units weekly should reduce their consumption.

Physical Activity:
• For those who are currently inactive or not regularly active, aim to accumulate 30 minutes of moderate intensity physical activity on most days.
• For those who are already active, vigorous intensity aerobic exercise of 20-30 minutes three times per week is recommended.

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