

International Conference & Exhibition on

Clinical Research Dermatology, Ophthalmology & Cardiology

5-6 July 2011 San Francisco, USA

Lipid-lowering strategies and reduction of coronary heart disease risk in primary care

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Coronary heart disease (CHD) was the leading cause of death in the United States for both men and women. Stroke was the third leading cause of death and is a leading cause of severe, long-term disability among adults in the United States. Studies have shown a relation between dyslipidemia and CHD for several decades and lowering of low-density lipoprotein cholesterol (LDL-C) with statins has become part of the standard treatment regimen in patients with established CHD. Despite efficacy of current standards of care (including achievement of LDL-C, blood pressure and blood sugar goals), patients with atherogenic dyslipidemia which is common in patients with diabetes mellitus, metabolic syndrome or cardiovascular diseases remain exposed to a high residual risk of major cardiovascular vents and micro vascular complications. Satin therapy does not adequately

address vascular risk associated with elevated triglycerides and low HDL-C levels. As studies shows, the addition of lipid modifying activity of fenofibrate to statin therapy benefited only certain subgroups of patients at increased cardio metabolic risk. Although, there is still under treatment with statins, especially in patients with CV disease. Less than 50% of patients were on target for LDL-cholesterol. Patients who do not achieve thresholds for statin therapy, but who are otherwise at high risk for cardiovascular. Events, should nonetheless receive statin therapy.

Biography

Ersin AKPINAR has completed his MD at the University of Cukurova and studying at the Family Medicine Department since 1999. He is the Editorin-Chief of journal of TIPMED and has published more than 70 papers in reputed journals. He is the director of University outpatient clinics.