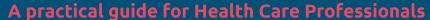
Integrating Diet and Lifestyle Advice / Intervention in the Management of Hypercholesterolemia





Untreated LDL-Cholesterol levels in Primary Prevention *

< 1.4 mmol/L (55 mg/dL)

1.4 to < 1.8 mmol/L (55 to < 70 mg/dL)

1.8 to < 2.6 mmol/L(70 to < 100 mg/dL)

2.6 to < 3.0 mmol/L(100 to < 116 mg/dL)

3.0 to < 4.9 mmol/L(116 to < 190 mg/dL)

≥ 4.9 mmol/L (≥ 190 mg/dL)

Give lifestyle advice concerning physical activity and healthy diet

If total CV risk (SCORE) ≥ 10 or very high risk: Consider drug if uncontrolled

If total CV risk $(SCORE) \ge 5 < 10 \text{ or high risk:}$ Consider drug if uncontrolled

If total CV risk (SCORE) ≥ 10 or very high risk: Concomitant drug intervention

If total CV risk (SCORE) ≥ 1 < 5: Consider drug if uncontrolled

If total CV risk (SCORE) ≥ 5 < 10 (high risk) or ≥ 10 (very high risk): Concomitant drug intervention

If total CV risk (SCORE) < 1 or < 5: Consider drug if uncontrolled

If total CV risk (SCORE) ≥ 5 < 10 (high risk) or ≥ 10 (very high risk): Concomitant drug intervention

If total CV risk (SCORE)

< 1 (low risk) ≥ 1 < 5 (moderate risk) ≥ 5 < 10 (high risk) or ≥ 10 (verv high risk) Concomitant drug intervention

Elements of a Healthy Diet



Encourage consumption of fruit (2-3 servings / day), vegetables (2-3 servings / day), legumes, nuts, wholegrain cereal foods and (oily) fish (1-2 servings / week)



Reduce foods rich in trans or saturated fat (e.g. fatty or processed meat, sweets, cream, butter, solid margarines, regular cheese) and replace them with the foods recommended above and with monounsaturated fat (e.g. olive or rapeseed oil) and polyunsaturated fat (vegetable oils, soft spreads)



Dietary fibre 25-40 g / day, including at least 7-13 g of soluble fibre – preferably from wholegrain products (e.g. oats and barley)



Added sugar intake max 10% of energy; limit the intake of soft drinks and foods with added sugar



Alcohol intake: < 10g (1 unit/day) for both men and women



Limited salt intake < 5 g / day

Additional advice to support LDL-Cholesterol reduction

Reduce dietary cholesterol



Increase the intake of (soluble) dietary fibre

Consider foods with added plant sterols / stanols as a dietary adjunct to further lower elevated LDL-cholesterol

Further Lifestyle Advice

Physical Activity



3.5 - 7 h moderately vigorous physical activity per week or 30 - 60 minutes most days.



Any activity is better than none and more activity is better than some.

Smokina



Stop smoking and avoid exposure to tobacco in any form





^{*} Secondary Prevention: Lifestyle intervention and concomitant drug treatment irrespective of total cholesterol levels for all individuals with LDL-C > 1.4 mmol/L (55 mg/dL). Individuals with LDL-C < 1.4 mmol/L (55mg/dL): Lifestyle intervention, consider adding drug if uncontrolled.



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2016 European Guidelines on cardiovascular disease prevention in clinical practice

The Sixth Joint Task Force of the European Society of Cardiology

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Developed with the for Cardiovascular

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Italy, Tel: +39 0523 30 32 17, Fax: +39 0523 3 Arno W. Hoes, Julius Center for Health Scie Tel: +31 88 756 8193, Fax: +31 88 756 8099. ESC Committee for Practice Guidelines ESC entities having participated in the de Percutaneous Cardiovascular Interventions (EA Councils: Council on Cardiovascular Nursing Working Groups: Cardiovascular Pharma The content of these European Society of Cardi ESC Guidelines may be translated or reproduced University Press, the publisher of the European Disclaimer. The ESC Guidelines repre the time of their publication. The ESC is not res mendations or guidelines issued by the relevant aged to take the ESC Guidelines fully into according therapeutic medical strategies; however, the ESC accurate decisions in consideration of each patie do the ESC Guidelines exempt health professiona public health authorities, in order to manage ea health professional's responsibility to verify the © The European Society of Cardiology 2016. A



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ESC/EAS GUIDELINES



2019 ESC/EAS Guidelines for the management of dyslipidaemias: lipid modification to reduce cardiovascular risk

The Task Force for the management of dyslipidaemias of the European Society of Cardiology (ESC) and European Atherosclerosis Society (EAS)

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Associations: Acute Cardiovascular Care Association (ACCA), Association of Cardiovascular Nursing & Allied Professions (ACNAP), European Association of Cardiovascular Nursing & Allied Professions (ACNAP), European Association of Preventive Cardiology (EAPC), European Association of Preventive Cardiology (EAPC).

You can refer to the full guidelines here:



2019 ESC/EAS Guidelines for the management of dyslipidaemias: lipid modification to reduce cardiovascular risk.

The Task Force for the management of dyslipidaemias of the European Society of Cardiology (ESC) and European Atherosclerosis Society (EAS)

www.eas-society.org/page/ dyslipidemia_guide_2019



2016 European Guidelines on cardiovascular disease prevention in clinical practice

The Sixth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (constituted by representatives of 10 societies and by invited experts).

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