Who Gets Intensified Cholesterol Treatment?

From a study of patients with cardiovascular disease (CVD), the encouraging news is that 71% were at their low-density-lipoprotein cholesterol (LDL-C) goal. However, roughly two-thirds of those with elevated LDL-C levels received no treatment intensification, say researchers from Michael E. DeBakey VAMC, Baylor College of Medicine, Methodist DeBakey Heart and Vascular Center, all in Houston, Texas, and Great Lakes VAHCS, Hines, Illinois.

Their study involved 22,888 patients at 7 midwestern VA facilities. Of the 6,538 patients whose LDL-C levels were not controlled, one-third received appropriate follow-up care (2,093 with treatment intensification and 11 with a repeat LDL-C without treatment intensification). Treatment intensification was defined as initiating or adding an LDL-C–lowering medication, increasing the dose of an existing medication, or prescribing the maximum dosage of a lipid-lowering medication or more than 1 such medication.

The most frequent type of treatment intensification was to initiate a lipid-lowering medication. Diabetes, hypertension, more lipid panels, and good adherence to treatment predicted intensified treatment.

Women with CVD were less likely than men were to have their LDL-C controlled and were marginally less likely to receive treatment intensification. This reflection could be a result of the perception that women have a lower risk of recurrent CVD events, the researchers say. They note that prior studies have shown gender disparities in hypertension and cholesterol care—an area for quality improvement.

Patients between 65 and 75 years were more likely to have controlled LDL-C compared with those younger than 65, but were marginally less likely to receive treatment intensification. By contrast, lack of treatment intensification was "marked" for patients 75 years or older. The researchers say this could reflect the provider's belief that treatment intensification is less effective in older patients, especially those with limited life expectancy. However, they add, it's important to note that older patients have the highest absolute CVD risk. Therefore, some of the lack of treatment intensification represents treatment-risk paradox and offers another area for quality improvement.

Patients with CVD who were receiving care from a nonphysician provider were slightly more likely to have controlled LDL-C levels and equally likely to receive treatment intensification. The researchers say their findings indicate that a team-based approach for chronic disease management may be more efficient without sacrificing the quality of care than is the current system that "depends heavily on physician providers."

The researchers found that providers are more often implementing evidence-based cholesterol-management guidelines in patients who are most likely to benefit. Patients who are more adherent with treatment are more likely to control their LDL-C, and providers are more likely to intensify treatment in those patients. Intensifying treatment in nonadherent patients, the researchers say, may not work and might even be harmful. For those patients, motivational interviewing to improve adherence is a first step before intensifying treatment.

Performance measures that target LDL-C levels provide only a "snapshot" and don't address whether treatment intensification was provided, or indeed, whether it worked, the researchers say. As a cross-sectional approach, it doesn't allow for tracking the "longitudinal nature of medical care." One good way to assess adherence, they suggest, is to refer to the patient's refill history in electronic medical records. They also cite their results showing positive associations between the number of lipid panels and LDL-C treatment intensification: An abnormal lipid panel result serves as a reminder to intensify treatment and may encourage the patient to better adherence.

Source: *Am Heart J.* 2011;162(4):725-732.e1. doi:10.1016/j.ahj.2011.07.013.