

The new European 2019 lipid guidelines recommend high dose statins (and ezetimibe if needed) to aggressively lower LDL-C. Also, it is recommended to measure lipoprotein (a) only once.

I am happy to see some acknowledgement of the importance of lipoprotein (a), but this seems counterintuitive. High dose statins increase lipoprotein (a) and aortic stenosis risk!

At least 30 % of patients have lipoprotein (a) elevation and there is a higher percentage in the secondary, prevention population. I guess if we only check once we don't know what we have caused. High dose statins also don't help hyper-absorbers of cholesterol (look at 4S study). That is 20 % of people!

Shouldn't guidelines at a minimum "do no harm"?

Those of us who have been measuring lipoprotein (a) - and Apo B or LDL P - for decades now know how predictable "statin induced increase" is in both hyper-absorbers and genetically elevated lipoprotein (a).

I guess these and other guidelines just keep the "virtual lipid clinic" in business but it is unfortunate. I would love to see this disease trend reverse, and would love to have a reason to retire.

I suspect in 10 years this will get figured out by the "decision makers". Until then we keep trying to discuss this when given the opportunity at medical education events.