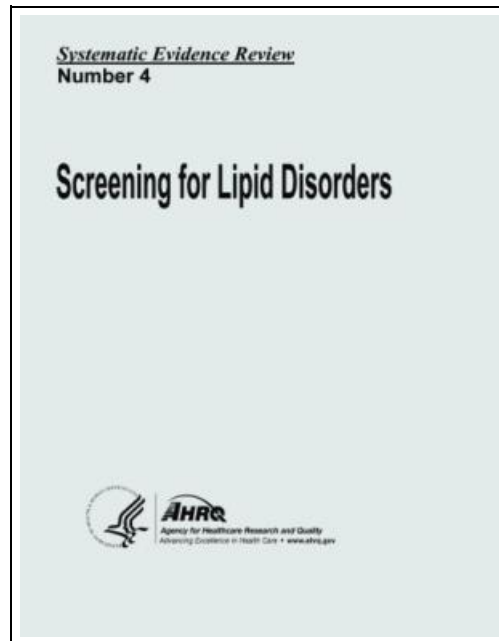


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CreateSpace Independent Publishing Platform. Paperback. Book Condition: New. This item is printed on demand. Paperback. 126 pages. Dimensions: 11.0in. x 8.5in. x 0.3in. Certain patterns of blood lipids, including elevated total cholesterol (TC), elevated low-density lipoprotein cholesterol (LDL), and low levels of high-density lipoprotein (HDL) cholesterol, are important risk factors for coronary heart disease (CHD). CHD is the leading cause of morbidity and mortality in the United States, causing nearly 500,000 deaths each year and requiring nearly 12 million hospital days of care per year. It is the leading cause of disabled life-years and is second only to injuries as a cause of life-years lost. The age-adjusted annual death rate for CHD is 100 per 100,000 persons overall and 140 per 100,000 persons among African Americans. The lifetime risk of having a CHD event, calculated at age 40, is estimated to be 49 for men and 32 for women in the United States. The large burden of disease from CHD and strong epidemiologic associations between CHD and abnormal lipid levels have prompted efforts to modify or reduce the risk of CHD events by treating lipid disorders. In this report, we examine the evidence concerning the benefits and harms of drug, diet, and exercise therapy in treating lipid disorders and reducing the risk of CHD events in patients with lipid disorders. The underlying goal of screening and therapy for lipid disorders is to reduce the burden of illness from CHD. Thus, other means of reducing CHD, such as hypertension prevention and control, smoking prevention and cessation, and possibly chemoprophylaxis with aspirin, must be considered along with treatment of lipid disorders in patients at risk for CHD. This review focuses on interventions that are delivered to individuals or small groups. Some of the interventions considered here, such as dietary advice...



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