Background

Atherogenic dyslipidemia (AD) is a disorder of lipid and lipoprotein metabolism. It is associated with various diseases such as coronary heart disease, insulin resistance, metabolic syndrome, type 2 diabetes mellitus (DM), or obesity, among others. It might be expected that the prevalence of AD would have an upward trend in parallel with DM or obesity, but in general AD tends to be underdiagnosed and consequently undertreated in clinical practice.

Knowing about patient management in routine clinical practice from the point of view of the Primary Care (PC) physician can provide key information to improve the early diagnosis, diagnostic assessment, treatment approach and clinical follow-up of patients in the Spanish healthcare system.

Results

A total of 1,029 PC physicians participated in the study. Table 1

Table 1. Socio-demographic characteristics of participants

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>n=1,029</th>
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<tbody>
<tr>
<td>Age, years, mean (SD)</td>
<td>53.47 (7.78)</td>
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<td>Men, n (%)</td>
<td>690 (67.06)</td>
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<td>Healthcare located in urban area (%)</td>
<td>576 (55.98)</td>
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<td>Time practicing the profession, years, mean (SD)</td>
<td>26.54 (8.30)</td>
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<td>Approximate number of patients with AD visited per month, mean (SD)</td>
<td>76.90 (89.85)</td>
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1 RESIDUAL CARDIOVASCULAR RISK

Most physicians (88.43%) evaluated residual cardiovascular risk in their routine clinical practice. However, 27.89% of them evaluated it only in patients in secondary prevention.

2 GENERAL ASPECTS OF ATEROGENIC DYSLIPIDEMIA

Most physicians considered that AD is characterized by a decrease in HDL-C, an increase in TGs and an increase in small, dense LDL-C particles. Fig. 1

The majority of participants stated that early coronary disease, metabolic syndrome and type 2 diabetes mellitus are AD-associated phenotypes. Fig. 2

Participants (96.99%) indicated that AD is a determinant factor of cardiovascular risk, despite LDL-C levels being appropriate.

3 DIAGNOSIS OF ATEROGENIC DYSLIPIDEMIA

Most physicians reported that TC, TG, HDL-C, LDL-C and non-HDL-C are essential measures when evaluating AD. Fig. 3

Conclusions

Physicians have access to guidelines and recommendations regarding AD management, however, it is necessary to continue raising awareness about the importance of early detection and optimal control and management of AD to reduce patients' cardiovascular risk.