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Lipid Association of India Expert Consensus Statement on Management of Dyslipidemia in Indians 2016: Part 1

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Why this Document?

The burden of atherosclerotic cardiovascular disease (ASCVD) in India is alarmingly high and is a cause of concern. Indians are not only at high risk of developing ASCVD, they usually get the disease at an early age, have a more severe form of the disease and have poorer outcome as compared to the western populations. Access to health care is also not optimal in India, and the treatment of ASCVD remains expensive. For all these reasons, prevention of ASCVD should take priority, not only from the perspective of governmental agencies and health care providers, but of all Indians.

There are many correctable risk factors for ASCVD. Of these, dyslipidemia has the highest population attributable risk for myocardial infarction (MI),[1] both because of its high prevalence and also because of its direct pathogenic association with atherosclerosis. Accordingly, effective management of dyslipidemia remains one of the most important healthcare targets for prevention of ASCVD.

Management of dyslipidemia presents unique challenges in Indians. Not only the prevalence of dyslipidemia is constantly increasing in Indians, particularly at a younger age, the pattern of dyslipidemia is also distinct as compared to the western populations. The distribution and interplay of concomitant cardiovascular (CV) risk factors and genetic susceptibility are also different. Furthermore, the population awareness about prevention of ASCVD, cultural beliefs, socioeconomic conditions,

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