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ALBERICO CATAPANO:

The higher risk, we go try to go as low as possible, no matter what. The guidelines doesn't say 70. It says below 70. That means if you achieve 10, it's fine. That's what the guideline says.

Many people tend to take 70-- oh, I'm close to 70, I'm fine. No, that's not the way it should be. The way it should be is to try to go as much as possible down. And if the patient is a very high risk, the ones as we mentioned before-- recurrent veins, diabetes, diffuse atherosclerosis, three stents, whatever-- then you go further and you try to go down.

In our clinic, my coworkers do exactly in that way. The patients that they serve, in our view, the way we do it in our lipid clinic is, besides the FH, which are a very high risk, we try to go as low as possible, no matter what. In patients who have diffuse atherosclerosis, peripheral vascular disease, concomitant diabetes, and recurrent events, those are the ones we target, and the ones where we are happy if we go even much lower than the goal that is currently set by guidelines.