



Effective Health Care

Hyperlipidemia in the Advanced Elderly

Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Screening for hyperlipidemia in the elderly was found to be addressed by the 2008 U.S. Preventive Services Task Force (USPSTF) recommendations for screening for lipid disorders in adults and two corresponding AHRQ evidence syntheses.
 - Pignone MP, Phillips CJ, Lannon CM, et al. Screening for Lipid Disorders, Systematic Evidence Review No.4 (Prepared by the Research Triangle Institute -- University of North Carolina Evidence-based Practice Center, under contract No. 290-98-0011). AHRQ Publication No. AHRQ 01-S004. Rockville, MD: Agency for Healthcare Research and Quality. April 2001.
<http://www.ahrq.gov/downloads/pub/prevent/pdfser/lipidser.pdf>
 - Helfand M, Carson S. Screening for Lipid Disorders in Adults: Selective Update of 2001 U.S. Preventive Services Task Force Review. Evidence Synthesis No. 49. AHRQ Publication No. 08-05114-EF-1. Rockville, MD: Agency for Healthcare Research and Quality. April 2008.
<http://www.ahrq.gov/clinic/uspstf08/lipid/lipides.pdf>
- Treatment of hyperlipidemia in the elderly will likely be addressed by the in-process National Cholesterol Education Program (NCEP-ATP IV) guidelines on the detection, evaluation, and treatment of high blood cholesterol in adults.
- This topic also has some overlap with an AHRQ review titled *Comparative Effectiveness of Combinations of Lipid-Modifying Agents*, which is available at http://effectivehealthcare.ahrq.gov/ehc/products/11/171/2009_0901Lipids.pdf. This review includes the elderly (≥ 80 years) as a sub-population of interest, but does not address the efficacy of drugs in this population because there were no eligible studies exclusively in the elderly of ≥ 80 years. The average age of participants was in the fifties, limiting generalizability to older populations.
- Given that the AHRQ reports and NCEP-ATP IV guidelines cover this nomination, no further activity will be undertaken on this topic.

Topic Description

Nominator: Health care professional association

Nomination Summary: The nominator is interested in further understanding of the evidence base for the screening and treatment of hyperlipidemia in the advanced elderly.

Population(s): Elderly patients \geq 80 years

Intervention(s): Screening for hyperlipidemia; treatment of hyperlipidemia with drug therapy and lifestyle modification

Comparator(s): No screening or treatment for hyperlipidemia

Outcome(s): Risks, benefits, and harms associated with screening and treatment

**Key Questions
from Nominator:**

1. Should we screen elderly (\geq 80 years) patients for hyperlipidemia?
2. Should we treat elderly patients for hyperlipidemia?
3. What are the benefits and harms associated with screening and treatment of hyperlipidemia in the elderly versus no screening and treatment?

Considerations

- The topic meets EHC appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- This topic was found to be addressed by the 2008 AHRQ report titled *Screening for Lipid Disorders in Adults: Selective Update of 2001 U.S. Preventive Services Task Force Review*. The key questions from this report include:
 1. How frequent is elevated TC in men younger than age 35 and women younger than age 40, and what proportion have an overall 10-year risk of cardiac events of 10% or greater?
 2. What evidence supports the use of triglyceride levels as part of an initial screening panel?
 3. What are the optimal screening intervals in the general population and in patients at high risk for CHD events?
 4. What risk factors should be used to select patients for lipid-modifying drug therapy?
 5. What is the current evidence about the harms of drug therapy for lipid disorders?
- This topic also has some overlap with an in-process AHRQ review titled *Comparative Effectiveness of Combinations of Lipid-Modifying Agents*. The key questions of this in-process report include:
 1. For patients who require intensive lipid-modifying therapy, what are the comparative long-term benefits and rates of serious adverse events of co-administration of different lipid-modifying drugs compared with high doses of a statin?
 2. Do these regimens differ in reaching LDL-c targets, short-term side effects, tolerability and adherence?
 3. Compared with high-dose statins and to one another, do combination regimens differ in benefits and harms within subgroups of patients, including demographic subgroups (race, ethnicity and gender); patients taking concomitant medications (e.g., patients taking drugs for HIV or organ transplant); older, frail persons, those with multiple diseases, or those taking multiple medications; and patients who abuse alcohol, have liver disease, or renal disease?