



Effective Health Care

Dietary Treatments for Low HDL Cholesterol Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Dietary treatments for low HDL cholesterol was found to 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. Given that the report underway covers this nomination, no further activity will be undertaken on this topic.
- In addition, an AHRQ review on physical activity and healthy diet that may have significant overlap with this nomination is currently in progress for the U.S. Preventive Services Task Force (USPSTF).
 - For updates on upcoming USPSTF products that may be related to this topic, see <http://www.ahrq.gov/clinic/uspstfix.htm>.

Topic Description

Nominator:	Health care professional association
Nomination Summary:	The nominator questions what dietary recommendations should be given to patients who have low HDL cholesterol.
Key Questions from Nominator:	<ol style="list-style-type: none">1. What is the effective dietary therapy for increasing HDL cholesterol?2. Do these therapies lower CAD risk?

Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/aboutUs.cfm?abouttype=program#Topic>.)
- This topic was found to be addressed by an in-process update of the National Cholesterol Education Program Adult Treatment Panel Guidelines, which contain a diet guide for practitioners, including diet assessment questionnaires, and numerous sample menus. The current version of these guidelines, ATP-III, is available at: <http://www.nhlbi.nih.gov/guidelines/cholesterol/>.
- This topic also has some overlap with an in-process AHRQ review on physical activity and healthy diet for the U.S. Preventive Services Task Force. The key questions of this in-process report include:

1. Do primary care-relevant behavioral counseling interventions for healthy diet and/or physical activity improve cardiovascular disease (CVD) health outcomes (e.g., prevent morbidity and mortality) in adults?
2. Do primary care-relevant behavioral counseling interventions for physical activity and/or healthy diet improve intermediate outcomes associated with CVD (e.g., lipids, blood pressure, glucose tolerance, weight, BMI) in adults (including older adults)?
3. Do primary care-relevant behavioral counseling interventions for physical activity and/or healthy diet change associated health behaviors in adults?
4. What are the adverse effects of primary care-relevant behavioral counseling interventions for physical activity and/or healthy diet in adults?