Risk Stratification in CVD Prevention in Japan

or

Strategy for Prevention of Atherosclerotic Cardiovascular Disease in Japan

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For the prevention of atherosclerotic diseases, the Japan Atherosclerosis Society (JAS) has released and updated the JAS Guideline for Prevention of Atherosclerotic Cardiovascular Disease in July 2012.

The JAS Guideline 2012 stratifies the risk of ASCVD for primary prevention according to the absolute risk calculated based on the results of the NIPPON DATA80. It categorizes the patients with 10-year risk of death from ASCVD of ≥2% as the high-risk group (category III). In addition, DM, CKD and a history of non-cardiogenic cerebral infarction or peripheral artery disease are considered to be important risk factors, so that the patients with any of these conditions are classified as the high-risk group.

In JAS Guideline, the management target level of LDL-C is determined by the individual risk level (category levels). The target levels for LDL-C level in each category is less than 160 mg/dL (category I; low absolute risk group), 140 mg/dL (category II; moderate absolute risk group), 120 mg/dL (category III; high absolute risk group), respectively. For secondary prevention, lipid lowering therapy targeting a 100 mg/dL of LDL-C is recommended. There have been some arguments that lower target level should be applied for very high-risk patients such as DM, CKD and especially secondary prevention patients. Although there is insufficient evidence to support to set such goals in Japanese population, the current guideline suggests that lower target level can be considered for very high-risk conditions for ASCVD.

Finally, JAS guideline emphasizes the importance of multiple risk factors management for the prevention of ASCVD. To prevent ASCVD, it is essential not only to manage dyslipidemia but also to modify the other risk factors such as cigarette smoking, hypertension, diabetes mellitus (DM) and CKD as well as sedentary lifestyle.