### METHODS

**Search Results**

- For the ideal clinical trial, the burden of disease is the aim of the study.
- The study is designed to determine the impact of a new treatment on clinical outcomes.
- The study is performed in a randomized controlled trial (RCT).
- The study is analyzed using appropriate statistical methods to ensure validity.
- The results are reported in a transparent manner, including details of the methods used.

**Search Criteria**

- **Population**: Patients with hypercholesterolemia
- **Intervention**: New treatment vs. standard care
- **Outcomes**: Changes in lipid levels, cardiovascular events

**Search Strategy**

- **Database Search**: PubMed, Embase, Cochrane Library
- **Other Sources**: Hand searching of relevant journals

**Inclusion Criteria**

- Randomized controlled trials
- Patients with hypercholesterolemia
- Comparison of new treatment vs. standard care

**Exclusion Criteria**

- Non-randomized trials
- Studies not in English

**Search Results Summary**

- **Number of Studies Found**: 17
- **Number of Studies Included**: 3

**Table 1. Recommended LDL-C Targets for High-Risk Patients From Treatment Guidelines**

<table>
<thead>
<tr>
<th>Region</th>
<th>Tailored LDL-C Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Europe</td>
<td>&lt; 70 mg/dL (&lt; 1.8 mmol/L)</td>
</tr>
<tr>
<td>Japan</td>
<td>&lt; 70 mg/dL (&lt; 1.8 mmol/L)</td>
</tr>
<tr>
<td>Caribbean</td>
<td>&lt; 70 mg/dL (&lt; 1.8 mmol/L)</td>
</tr>
<tr>
<td>Korea</td>
<td>&lt; 70 mg/dL (&lt; 1.8 mmol/L)</td>
</tr>
<tr>
<td>Switzerland</td>
<td>&lt; 70 mg/dL (&lt; 1.8 mmol/L)</td>
</tr>
<tr>
<td>Austria</td>
<td>&lt; 70 mg/dL (&lt; 1.8 mmol/L)</td>
</tr>
<tr>
<td>Malaysian Society of Neurosciences</td>
<td>&lt; 70 mg/dL (&lt; 1.8 mmol/L)</td>
</tr>
</tbody>
</table>

**Table 2. Risk Factors for CVD in High-Risk Patients**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>Blood pressure &gt; 140/90 mm Hg or on antihypertensive medication</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Hemoglobin A1c &gt; 7% or fasting glucon &gt; 126 mg/dL</td>
</tr>
<tr>
<td>Dyslipidemia</td>
<td>Total cholesterol &gt; 240 mg/dL or LDL-C &gt; 160 mg/dL</td>
</tr>
<tr>
<td>Family history of premature CHD</td>
<td>Male first-degree relative &lt; 55 years or female first-degree relative &lt; 65 years</td>
</tr>
<tr>
<td>Smoking</td>
<td>Cigarette smoking or exposure to second-hand smoke</td>
</tr>
</tbody>
</table>

### DISCUSSION

- **The ESC/EAS guidelines**:
  - Focus on evidence-based medicine
  - Tailored LDL-C targets based on risk profile
  - Emphasis on patient-centered care

- **The ACC/AHA guidelines**:
  - More liberal LDL-C targets
  - Focus on individualized treatment goals

**Conclusions**

- Tailored LDL-C targets offer a more personalized approach to Lipid Management.
- The use of risk assessment tools can help identify patients at high risk for CVD.
- Further research is needed to validate the effectiveness of tailored LDL-C targets.

**References**