WHAT IS A LIPIDOLOGIST ?

Lipid specialists reduce deaths related to high cholesterol and other lipid disorders. It is the goal of lipid specialists to enhance the practice of lipid management in clinical medicine and to reduce the morbidity and mortality associated with atherosclerotic disease. The specialty of "lipidology," a multidisciplinary branch of medicine focusing on lipid and lipoprotein metabolism and their associated disorders, is still in its infancy and continues to evolve with the field of medicine as a whole.

The National Lipid Association defines "clinical lipidology" as "a multidisciplinary branch of medicine focusing on lipid and lipoprotein metabolism and their associated disorders." The field is growing rapidly in response to demographic trends that place an increasing number of Americans at risk for coronary heart disease (CHD) and epidemic levels of obesity concurrent with a surge in new cases of diabetes mellitus.

20 REASONS TO SEE A LIPIDOLOGIST

1. Genetic disorders of cholesterol metabolism such as familial hypercholesterolemia, familial combined hyperlipidemia or familial hypertriglyceridemia
2. Isolated low HDL cholesterol, either primary or acquired
3. Elevated LDL cholesterol (>70) with other cardiovascular risk factors
4. History of premature atherosclerosis
5. Family history of premature atherosclerosis (in women younger than 65 and men younger than 55)
6. Metabolic syndrome (low HDL cholesterol, high triglycerides, and central obesity)
7. Diabetes
8. Need for combination lipid lowering drug therapy
9. Lipodystrophy; HIV related lipodystrophy
10. Dietary and lifestyle counseling in the setting of abnormal cholesterol or triglycerides
11. Need for advanced lipid testing, lipoprotein particle evaluation
12. Young patients or women of child bearing age with elevated cholesterol needing pharmacologic therapy.
13. Desire to engage in a preventive medicine approach.
14. Find out whether or not cholesterol-altering medications are really necessary for a particular patient.
15. Lipid altering pharmacotherapy in setting of liver or kidney disease
16. Secondary prevention of cardiovascular disease targeting ideal lipid and lipoprotein goals
17. Very low cholesterol levels not drug induced – especially HDL
18. Menopausal women considering estrogen therapy
19. Women with polycystic ovarian syndrome
20. Patients with history of muscle disorders/symptoms on lipid lowering medications

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