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VIEWPOINT

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In this paper, the authors discuss what they believe are the strengths and shortcomings of the 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults. They agree with the current guideline, which prioritizes statin therapy, expands the focus to include atherosclerotic cardiovascular disease including stroke, and uses cardiovascular risk to determine statin eligibility. They, however, feel that there is still a role for using lipid goals and that the guideline should provide guidance on cholesterol evaluation and broaden the concept of age underpinning risk-based decisions.

CLINICAL RESEARCH

CARDIOMETABOLIC RISK

The authors compared the coronary artery calcium (CAC) scores of metabolically-healthy obese (MHO) and metabolically-healthy normal-weight individuals. A cohort of 14,828 metabolically-healthy men and women who had no known cardiac disease, no metabolic syndrome component, and a homeostasis model assessment of insulin resistance (HOMA-IR) <2.5 were evaluated. MHO individuals had a higher prevalence of coronary calcification. In multivariable-adjusted models, the CAC score ratio comparing MHO to normal-weight participants was 2.26. After further adjustments for metabolic risks (mediation analysis), this association was no longer statistically significant. The study concludes that MHO participants had a higher prevalence of subclinical coronary atherosclerosis compared with metabolically healthy normal-weight participants. This association, however, was mediated by metabolic risk factors at levels below those considered abnormal.

Editorial Comment: Rishi Puri, p. 2687

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