In 2008, the Lancet journal presented the Interheart Study, which stressed the importance of risk factors that lead to cardiovascular events.

It is well established that the major risk factors include hypertension, high total cholesterol, low-density lipoproteins, low high-density lipoproteins, cigarette smoking, diabetes mellitus and advancing age. Our problem as osteopathic physicians is recognizing these risk factors and recommending early treatment, which will help mitigate risk factors in patients.

Because of the insidious onset of atherosclerotic pathology and progression of disease; and the fact that most patients do not present with all these risk factors, accurate prediction of cardiovascular events is nearly impossible.

The excellent articles in this issue were developed from a November 2, 2009, seminar at the AOA’s 114th Annual Osteopathic Medical Conference & Exposition. Entitled “A Patient-Centered Approach to Improving Dyslipidemia Outcomes,” the seminar included the following speakers and presentations:

- John M. Cruickshank, DO, MBA, CPE, presenting “A patient-centered approach to improving dyslipidemia outcomes.”

- Kelly Anne Spratt, DO, presenting “Treating dyslipidemia: Re-evaluating the data using evidence-based medicine and decision support tools.”

- Susan Butterworth, PhD, presenting “Health-coaching strategies to improve patient-centered outcomes.”

In this issue of The Whole Patient, the articles by these presenters attest to our awareness of the need to be more aggressive in our treatment plans and stress comprehensive care and the knowledge that the Patient-Centered Medical Home (PCMH) can improve outcomes.

Since May 2002, we have been attuned to a new “call to action” for aggressive management of lipid levels and treatment of dyslipidemia. However, over the past 40 years, the concept of PCMH has been embraced by most, if not all, physician organizations.

In this issue of The Whole Patient, the articles emphasize the principals of PCMH and its application to improve arteriosclerotic outcomes by comprehensive, long-term improvement of dyslipidemia.

Today, the link between lipoproteins and atherosclerosis has been achieved with a number of significant breakthroughs. The successful development of well-tolerated pharmacological agents for dyslipidemia treatment is indeed a remarkable achievement. Increased awareness of healthy lifestyle choices has augmented the management of dyslipidemia.

Physicians still have a challenge in motivating patients to play a more proactive role and to better adhere to treatment regimens. Poor patient adherence to lipid-lowering agents can undermine the success of any set of recommendations, and only one-third of patients will be compliant with therapeutic programs if merely given a prescription by their physicians and told to take the medication. Between 15% and 25% of patients will be noncompliant in their treatment but about 50% of those patients who remain will adhere to recommended therapy if given support and management along with medical treatment.

The articles in this issue combine outlooks from a cardiologist, primary care physician and health coach to provide better care, which is based on proactive patient-centered roles at an earlier stage in the management of their disease. The epidemic metabolic syndrome/type II diabetes pathologies usually progress silently. Compelling evidence demonstrates that risk of acute coronary events is not only related to lipid levels, but also to inflammatory cytokines that can increase the risk of plaque rupture.

Despite great improvements in treatment already accomplished, myocardial infarction and arteriosclerotic cardiovascular disease still account for the leading cause of mortality in the United States. This is mainly due to episodic care and based on occurrence of events, ie, after the event or illness. Needed is a comprehensive coordinated physician-patient relationship over the long term. Osteopathic physicians are already very in tune to “whole patient” aspects of diagnosis and treatment.

I know this publication’s message to you will bring not only understanding of the changes we face as osteopathic physicians, but enjoyment as well. Next, better innovative funding and integration of various disciplines are needed to accomplish a reliable PCMH.

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