Table 9A. ATP III: LDL-C Treatment Cutpoints for Therapy

Risk Category	Initiate TLC*	Consider Drug Therapy
<u>High risk:</u>		
CHD or CHD risk equivalents (10-year risk >20%)	≥100 mg/dL**	≥100 mg/dL (<100 mg/dL: consider drug options)†
<u>Moderately high risk:</u>		
≥2 risk factors (10-year risk 10–20%)	≥130 mg/dL**	≥130 mg/dL (100–129 mg/dL: consider drug options)††
<u>Moderate risk:</u>		
≥2 risk factors (10-year risk <10%)	≥130 mg/dL	≥160 mg/dL
<u>Lower risk:</u>		
0–1 risk factor	≥160 mg/dL	≥190 mg/dL (160–189 mg/dL: LDL-C–lowering drug optional)

* Therapeutic lifestyle changes.
** Any person at high risk or moderately high risk who has lifestyle-related risk factors (obesity, physical inactivity, elevated triglycerides, low HDL-C, or metabolic syndrome) is a candidate for TLC to modify these risk factors regardless of LDL-C level.
† If baseline LDL-C is <100 mg/dL, institution of an LDL-lowering drug is a therapeutic option on the basis of available clinical trial results. If a high-risk person has high triglycerides and low HDL-C, combining a fibrate or nicotinic acid with an LDL-C lowering drug can be considered.
†† For moderately high-risk persons, when LDL-C level is 100-129 mg/dL, at baseline or on lifestyle therapy, initiation of an LDL-C lowering drug to achieve an LDL-C level <100 mg/dL is a therapeutic option on the basis of available clinical trial results.

Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III). Bethesda, Md: National Institutes of Health, National Heart, Lung, and Blood Institute; 2001. NIH Publication 01-3095. Updated with: Grundy SM, Cleeman JI, Merz CNB, et al. Implications of Recent Clinical Trials for the National Cholesterol Education Program Adult Treatment Panel III Guidelines. C*irculation*. 2004;110:227-239.