



The 10-minute consultation: dyslipidaemia

Rationale

The length of consultations varies, but the average length is 10 minutes. In addition, a new GP curriculum was introduced in the UK in 2007, with re-evaluation for practicing GPs; revalidation through continuing medical education is already the standard in other countries. *The 10-minute consultation* series of pocketbooks aim to develop clinicians' history-taking and clinical examination skills, as well as provide detailed information on the management options available in primary care, with emphasis on when to refer (and when not to refer) for specialist investigations and treatments. The pocketbook format is concise and portable, and key points are highlighted for quick reference, either as a memory aid or for day-to-day use on the clinical frontline.

The 10-minute consultation: dyslipidaemia

The main cause of coronary heart disease (CHD), coronary artery disease (CAD), results from atherosclerosis of the coronary arteries. Atherosclerosis has multiple risk factors and its development is attributable to a combination of genetic and environmental factors. The 'lipid hypothesis' states that dyslipidaemia is central to the underlying pathology of clinical atherosclerosis and normalization of lipid parameters can reduce the risk of development of atherosclerosis and its complications.

Measurement of the lipid profile is, therefore, an integral component of risk prediction in the primary prevention of cardiovascular (CV) disease and management of therapy in both primary and secondary prevention of CHD.

The 10-minute consultation: dyslipidaemia provides a holistic approach to the assessment and management of dyslipidaemia, stressing the importance of ongoing patient review and recall to ensure delivery of high-quality, evidence-based treatment.

Authorship

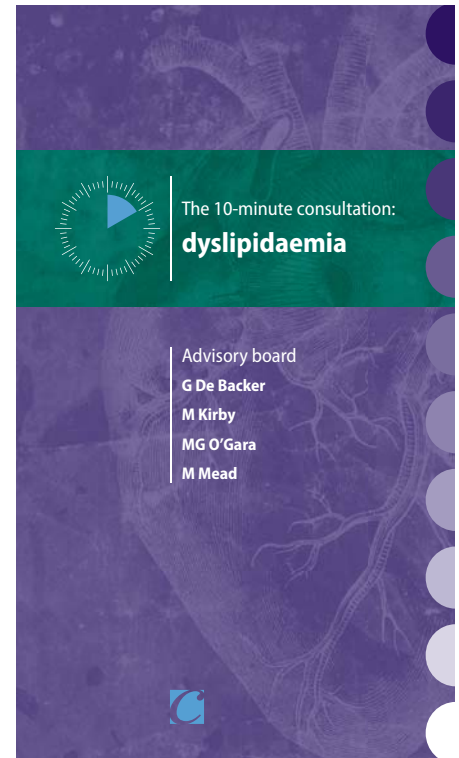
The 10-minute consultation author team is composed of GPs and specialist clinical reviewers who together ensure that the content of our books is authoritative and current. We work closely with an advisory board of GPs from the specialty of primary care and CV disease whose role is to ensure the accuracy, quality and integrity of the content. By using a team of experienced and highly regarded GPs from the CV disease specialty, we aim to draw on their clinical experience within the field, closely reflecting the needs of the readers.

Summary

The 10-minute consultation: dyslipidaemia provides clinicians with an invaluable source of information for lipid disorders and highlights the most appropriate diagnostic and management options.

Key objectives for the reader:

- To understand that dyslipidaemia is associated with significant morbidity and mortality
- To understand the epidemiology and risk factors for development of dyslipidaemia
- To understand how dyslipidaemia can be identified in primary care, including which diagnostic tests are used and how the results are clinically interpreted
- To understand how CV risk is accurately stratified
- To understand how to competently manage dyslipidaemia in primary care and promote a healthy lifestyle
- To understand the indications for specialist referral



Audience

- ✓ Medical students
- ✓ **Primary care:** GPs, Nurses, Pharmacists
- ✓ **Secondary care:** Nurse specialists, Junior doctors

Specification

International Editorial Advisory Board
Paperback: 96 pages
Product dimensions: 110 x 190 mm
Binding: perfect bound
Colour: 4-colour cover; 4-colour text





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1. Introduction

Plasma lipids and lipoproteins
Cholesterol
Lipid risk-factor profiles

2. Who and what to test

Screening/case finding
What issues should the general practitioner (GP) cover during the 10-minute consultation?
Is the patient at high absolute CV risk?

3. How to manage the patient with dyslipidaemia

Who to treat?
How to treat?
General lifestyle advice
Serum lipids and dyslipidaemia
Which patient groups require special consideration?

4. Person-centred care

How to identify the patient's beliefs about CVD (their concerns and expectations)?
What are the patient's cultural beliefs?
How to recognise nonconcordance with primary prevention?
How can concordance with primary prevention be improved?
Are any treatments particularly appropriate?

5. Applying the evidence

What are the implications of the international best-practice guidelines for GPs?
Selected landmark studies
GP prescribing options for tackling dyslipidaemia in primary care: a summary
When to refer?

6. Review and recall

What ongoing patient care, monitoring and follow-up are necessary?
What role do other key healthcare workers have in managing the patient?
What is the role of information technology (IT)?
What is the role of the expert patient?

Further reading

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