



American College of Physicians, Bangladesh Chapter August, 2022

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Message from the Governor

Greetings from ACP-Bangladesh Chapter. It's an honor that I have been assigned to act as the Governor, ACP-Bangladesh Chapter for the next four years (April 2022-April 2026). This is the first newsletter of ACP-Bangladesh Chapter during my tenure. As the Governor my responsibility will be to unite everybody together with one mission that to dignify Internal Medicine in our country and globally through education and learning. There are some areas where we can improve, we have to go for arranging regional seminars, national & international conferences. I do believe if we can remain together it will not be difficult for us. So, for the next four years I am seeking help from all our sponsors, supporters & all well-wishers and specially all the members, fellows of the college. We'll have to work for equity, diversity and dignity. Most importantly, it's my keen request to you to pay your membership dues on time. So that, we can communicate and keep in touch with you on regular basis. Enjoy ACP membership and check your mail regularly. If you have any queries, feel free to communicate with us.



Prof. Khan Abul Kalam Azad
FCPS, MD, MACP, FRCP (Edin)
Governor, ACP Bangladesh Chapter

Board of Governors Meeting 2022, Chicago

Board of Governors' meeting was held on 24th-27th April, 2022 in Chicago prior to IMM'22 meeting. Professor HAM Nazmul Ahasan, immediate past Governor and Prof. Khan Abul Kalam Azad, current governor of ACP Chapter Bangladesh attended the meeting on behalf of the Chapter. Number of sessions had been arranged for productive leadership skill. ACP's board of regents approved for priority theme as a framework to guide ACP's work to overcome the chapter challenges and those are: membership growth and engagement, valued professional identity, diversity & equity inclusion and innovation & strategic alignment.

On 29th April, an interactive workshop was arranged with the new governors and governor elects to understand one's leadership skill and to improve leadership role. Prof. Khan Abul Kalam Azad also attended the session. He mentioned that the number of members is increasing satisfactorily but due to "drop out" of considerable numbers each year, it is difficult to retain membership but governor will act on it to reduce it. He added that the activities of the chapter are increasing day by day and he also stressed on increasing the fund to continue future activities.



ACP Internal Medicine Meeting 2022, Chicago

The Annual ACP internal medicine meeting was held from 28-30th April'22 in Chicago, USA. This conference had various scientific sessions to update knowledge and skills, discussed timely topics and shared & exchanged information alongside the internal medicine colleagues, globally. Expert faculty were present over 200 scientific and practice-related sessions that invited individuals to discover new ways to improve medicine specialists' techniques and patient care. 5 delegates from Bangladesh joined the meeting. Prof. Khan Abul Kalam Azad received the mastership certificate during the Convocation ceremony this year. Also new fellow Dr. Md. Rafiqul Islam had joined the convocation. The immediate past Governor of ACP Bangladesh Chapter, Professor HAM Nazmul Ahasan attended as a judge of few poster sessions. Bangladesh society of medicine collaborated with ACP Bangladesh chapter to make the travel safe and smooth for the attendees from Bangladesh for the ACP Internal Medicine Meeting 2022.



Governorship Handover Ceremony

“Governorship” handover ceremony and a scientific seminar had taken place on 15th June 2022 on the premises of Dhaka Club when the leadership handed over from immediate past governor Prof. HAM Nazmul Ahasan to current governor Prof. Khan Abul Kalam Azad sir. It’s the cherished desire from all us for the crowning success of the chapter through the guidance of new governor and he will continue the legacy and will reach the pinnacle of prosperity!

The program began with a welcome address from Dr. Nawsabah Noor. Soon after that, the main event took place and the handover ceremony was moderated by Prof. Rubina Yasmin FACP. First, Prof. Quazi Tarikul Islam MACP, Founder Governor of ACP-Bangladesh Chapter mentioned the beginning of the ACP-Bangladesh Chapter and the struggles he faced during his tenure. Then, he congratulated and handed over memento to the immediate past Governor for successful completion of tenure and achieving newer heights and prestige. After that, Prof. H.A.M. Nazmul Ahasan MACP, Immediate Past Governor highlighted his activities and achievements and provided suggestions to the new governor about upcoming challenges. Prof. Nazmul handed over a memento to new Governor and congratulated him. Later, Prof. Khan Abul Kalam Azad MACP, Governor, ACP-Bangladesh Chapter thanked the past two Governors, Masters, Fellows and Members for giving him this honor & responsibility and he assured that he will uphold the honor of the ACP-Bangladesh chapter and to achieve newer heights with combined effort from everyone. Then, a scientific seminar took place on a time demanded topic “Monkeypox”. Prof. Quazi Tarikul Islam MACP delivered his speech as a keynote speaker. The scientific session was chaired by Prof. Khan Abul Kalam Azad MACP and moderated by Dr. Sarmistha Biswas FACP. Prof. MA Jalil Chowdhury MACP, Prof. Khwaja Nazim Uddin FACP, and Prof. HAM Namzul Ahasan MACP exchanged their opinions as panel of experts of this session. Then the program ended with a vote of thanks from Dr. Mohammad Rafiqul Islam FACP and followed by Lunch.





Health Talk on Acute Medicine

ACP Bangladesh Chapter organizes masterclass series on Acute Medicine for students and clinicians as part of ACP Global Development Program as well as responsibility as an organization in the country. Program was targeted for undergraduate and postgraduate students and physicians from around the country. This series of classes on Acute medicine are being organized by Prof. Rubina Yasmin. Initially stream yard platform was used for the program and it was broadcasted in Facebook and YouTube at the same time. We have already arranged 15 virtual programs and each program lasted for 90 minutes. Around 200 participants were present virtually in each session.

Last Masterclass session on ‘Health Talk on Acute Medicine’ was organized by ACP-Bangladesh Chapter in person on 27 February 2022 and it was held at Samsun H. Chowdhury Centre, Dhaka Club Ltd., Dhaka. The whole program was divided into two scientific sessions. Each session had two legendary internists of Bangladesh as Keynote Speakers. In first session, Prof. Quazi Tarikul Islam MACP spoke on “Common Acute Illness in Elderly” and Prof. Md. Titu Miah FACP spoke on “Sepsis”. This session was chaired by Prof. Khan Abul Kalam Azad FACP and moderated by Dr. Syed Ghulam Mogni Mowla FACP. And in second session, Prof. Zakir Hossain FACP talked on “Acute Stroke” and Prof. Ahmedul Kabir talked on “Acute Gastro Intestinal Bleeding. This session was chaired by Prof. Khwaja Nazim Uddin FACP and Prof. Md. Mujibur Rahman FACP. Later on, Prof. H.A.M. Nazmul Ahasan MACP spoke as Governor, ACP-Bangladesh Chapter and vote of thanks was given by Prof. Rubina Yasmin FACP.





Annual Conference of Internal Medicine, IM-ACP India 2022, Andhra Pradesh

ACP India Chapter is going to host 7th Annual Conference; IM-ACP India 2022, to be held from 18th to 20th Nov 2022 in Visakhapatnam, Andhra Pradesh. The meeting will be the one with both physical and virtual attendance option. The conference aims to ideate, analyse and share inventive, feasible and implementable ways to encourage and disseminate knowledge, education and research to make high-level of care. They will bring expert faculty from across the country and around the world. The Organizing Committee of ACP India Chapter is working hard to put together an educational and scientific program which will be an academic extravaganza packaged with Andhra cuisine and a complete cultural fest.

Registration window is open now. Few delegates from Bangladesh are expected to join the conference. If anyone feel interested to join the meeting, are invited to do the registration early and to start the processing of India Visa.

ACP India Chapter
American College of Physicians
Leading General Medicine International

**7th ANNUAL MEETING
IM ACP INDIA 2022**

18th-20th November 2022
Novotel Visakhapatnam Varun Beach

Theme: Back to Basics

Meeting Minutes of Advisory Council

A new advisory council of ACP Bangladesh Chapter board has been formed under the governorship of Prof. Khan Abul Kalam Azad and the first meeting was held on 21st June, 2022 at 12:00 pm. Prof. Khan Abul Kalam Azad, Governor, ACP Bangladesh Chapter chaired the meeting. In the beginning, Prof. Khan Abul Kalam Azad, Governor ACP Bangladesh Chapter, welcomed all present members to the meeting. He also gave thanks to the previous two governors of ACP Bangladesh Chapter, Professor Quazi Tarikul Islam and Professor H A M Nazmul Ahasan for their tremendous efforts and contributions to take this chapter to a prestigious level. He put some agendas for discussion.

The participants discussed on the agendas and following important points were noted-

1. Measures should be taken to provide more training from Central ACP for the junior doctors.
2. Participation in the annual conference of ACP should be more meaningful. Active participation is needed.
3. Measures should be taken to inhibit writing 'MACP' by the members of the chapter, as because MACP is very prestigious and restricted award.
4. To disseminate the programs of ACP Bangladesh Chapter to the peripheral parts of Bangladesh.
5. To arrange seminars and symposiums on different health related issues.
6. A national or preferably regional conference should be arranged by ACP Bangladesh Chapter because it is one of the pre-requisites for its existence. As the program will be supported by Bangladesh Society of Medicine, letters have been sent to the president and the secretary general of Bangladesh Society of Medicine to take initiatives to arrange this conference.

Finally, Governor, ACP Bangladesh Chapter thanked all the participants for attending the meeting and requested to join the next meeting.





List of new members in last six months

1. A A M Abu Taher, MBBS
2. A H M EJRARUL ALAM KHAN
3. A K M HABIBULLAH BAHAR, MBBS
4. A S M SHAFIQL ISLAM, MBBS
5. A. T. M. Kamrul Hasan, MBBS MD
6. A.K.M. Tariqul Hassan, MBBS MD
7. Abdullah Al Mukit, MBBS MD
8. Abed Hussain Khan, MBBS
9. Abid Meem, MBBS
10. Abu Md Towab, MBBS MD
11. Abu Nazim, MBBS
12. ABU SYED MD RASHEDUL HASAN, MBBS
13. Abul Kalam Bhuiyan, MBBS
14. Aflatun Akter Jahan, MBBS MD
15. AFM Rezaul Islam, MBBS MD
16. Ahsan Habib Khan, MBBS MD
17. AKS Zahid Mahmud Khan, MBBS MD
18. Aminul Islam, MBBS MD
19. Ashoke Sarker, MBBS MD
20. Ayesha Siddika, MBBS
21. Bishnu p Chanda, MBBS
22. BISHOJIT MONDAL, MBBS
23. Chanchal Kumar Ghosh, MD
24. Chowdhury Neamul Hassan Refayet, MBBS MD
25. Debashis Kumar Sarkar, MBBS
26. Debashish Dhar, MBBS MD

27. Dr Amit Sarker, MBBS
28. Dr Kazi Mohammed Zafrul Hag, MBBS
29. Dr Md Abdul Momin, MBBS
30. Dr Md Amzad Hossain Sardar, MBBS MD
31. Dr Md Lokman Hossain Talukder, MBBS
32. Dr Mohammad Tanvir Imam Siddiqui, MBBS
33. Dr Nasir Uddin Ahmed, MBBS
34. Dr S. M. Riasad Shahabuddin, MBBS
35. Dr Toufiq Ahmed, MBBS
36. DR. A.S.M FARHAD KHAN, MBBS MD
37. Dr. Anup Kumar Howlader, MBBS MD
38. Dr. Arup Kumar Das, MBBS
39. Dr. Bidhan Kumar Fowjdar, MBBS
40. Dr. Farid Ahmmed Khan, MBBS MD
41. Dr. Md. Abul Ehsan, MBBS
42. Dr. Md. Aminul Hasan, MBBS MD
43. Dr. Md. Farucul Hasan, MBBS
44. Dr. Md. Nure Alam Ashrafi, MBBS
45. Dr. Md. Safiqul Islam, MBBS
46. Dr. Md. Tofazzel Hossain, MBBS MD
47. Dr. Mohammad Mahbub Ahsan, MBBS
48. Dr. Mohammad Mostafa Kamal, MBBS MD
49. Dr. Mohammed Reazuddin Danish, MBBS MD
50. Dr. Muhammad Kamruzzaman, MBBS
51. Dr. Partho Moni Bhattacharyya, MBBS MD
52. Dr. Shubhrangshu Banerjee, MD
53. Dr. Shuvra Ghosh, MBBS
54. Dr. Subir Chandra Das, MBBS
55. Dr. Yesmin Akhter, MBBS
56. Gokul Chandra Datta, MBBS MD
57. Goutom Chandra Bhowmk, MBBS MD
58. H M Khaleduzzaman, MBBS
59. Iqbal Hossain, MBBS
60. Isha Abdullah Ali, MBBS MD
61. Jishu Das, MBBS
62. Lima Asrin Sayami, MBBS
63. Mahmud Javed Hasan, MBBS MD FACP
64. Mainuddin Ahmed, MBBS MD
65. Md Abdur Rashid, MBBS
66. Md Alomgir Hossain, MBBS

67. Md Aminul Alam, MBBS
68. MD Arifuzzaman, MBBS
69. MD Atikul Islam
70. Md Azizul Islam, MBBS
71. Md Durul Hoda, MBBS MD
72. Md F Alam, AHP
73. Md Mamunur Rashid Bhuiyan, MBBS
74. Md Masum Uddin, MBBS FCPS
75. Md Monirul Islam, MBBS MD
76. Md Rashiduzzman Khan Md Sajjadur Rahman, MBBS MD
77. Md Sawkat Hossan, MBBS
78. Md Shafiul Azam, MBBS MD
79. Md Shuaib Ahmed, MBBS MD
80. Md Wahiduzzaman, MBBS
81. Md. Ishtiaq Alam, MBBS MD
82. Md. Mahbubur Rahman, MBBS
83. Md. Moshiur Rahman, MBBS MD
84. Md. Mustafezur Rahman, MBBS MD
85. MD. SHAYEDAT ULLAH, MBBS MD
86. Md. Zia Hayder Bosunia, MBBS MD
87. Md.Asif Zaman, MBBS
88. Minhaj Rashidur Rahman, MBBS MD
89. Mirza Shariful Hague, MBBS MD
90. MOHAMMAD DALUAR HOSSAIN, MBBS
91. MOHAMMAD MAHMUDUL HASAN, MBBS
92. Mohammad Nurul Islam Khan, MBBS MD
93. Mohammad Shafayet Ullah, MBBS
94. MOHAMMAD SHAHIDUL ISLAM, MBBS
95. Mohammed Nuruzzaman Bhuiyan, MBBS
96. MOHAMMED RAZZAK MIA, MBBS
97. Mohiuddin Humayun Kabir Chowdhury, MBBS
98. Mosaddeque Hossain Mamur, MBBS
99. Muhammad Al Amin, MBBS
100. MUHAMMAD MASRUR SIAM, MBBS
101. Muhammad Saiful Ahsan Rana, MBBS MD
102. Nasir Uddin, MBBS MD PARASH ULLAH, MBBS MD
103. Prasanta Sarker, MBBS MD S M Arafat, MBBS
104. S. M. Anwar Hossain, MBBS
105. Sajib Kumar Nath, MBBS
106. Saki Mohammad Jakiul Alam, MBBS

107. Shiblee Sadik Pathan, MBBS MD
108. Shoeb Bin Islam Sondipon Malaker, MBBS MD
109. Soroar Hossain, MBBS
110. SUBRATA RAY, MBBS
111. Taiyeb Ibna Zahangir, MBBS MD
112. Tanvir Adnan, MBBS MD
113. Tazrian Khurshid, MBBS

List of new fellows in last six months

1. Abul Kalam M S Rahman, MD FACP
2. Debasish K Ghosh, MBBS FACP
3. Farjana Kabir, MBBS FACP
4. Foysal Ahamed, MBBS FACP
5. Md Shoaib Momen Majumder, MBBS MD FACP
6. Md. Khalequzzaman Sarker, MBBS MD FACP
7. Mohammad Mehfuz-E Khoda, MBBS MD FACP
8. Mohammad Mushahidul Islam, MBBS FACP
9. Muhhammad Abdul Bari, MD FACP
10. Nur Faysal Ahmed, MBBS FACP

Treatment of Dyslipidaemia: Why, When and how?

Prof.H.A.M Nazmul Ahasan¹, Dr. Nawsabah Noor²

1. Professor of Medicine, Popular Medical College.
2. Registrar, Department of medicine, Popular Medical College.

Globally around 70% of death are from Non-communicable diseases (NCDs), which kill 40 million people each year. The most common cause of NCD death is Cardiovascular diseases, which account for 17.7 million death annually. 15 million people in the age range of 30- 69 years die each year from NCD, and 80% of these "premature" deaths occur in low- and middle-income countries.¹ In the Asia Pacific region, Cardiovascular disease (CVD) is an emerging health issue, and the following factors are responsible: dyslipidemia, diabetes, obesity, and Hypertension. Bangladesh is also showing the trend in the last few decades and has experienced a significant increase in the prevalence of NCD and associated mortality.²

Worldwide, Atherosclerosis is the prime root of all cardiovascular disease-related morbidity and mortality. It is a chronic disease characterized by gradual hardening and narrowing arteries due to lipid accumulation and remodeling of the extracellular matrix. Clinical presentation of Atherosclerotic Cardiovascular disease (ASCVD) ranges from myocardial infarction, stable or unstable angina, transient ischemic attack, stroke, or peripheral arterial disease. ASCVD is of multifactorial origin, and the most common risk factors are Dyslipidaemia, Diabetes mellitus, Hypertension, cigarette smoking, male gender, age (male > 45 years and female > 55 years), and strong family history (male < 55 years and female < 65 years). Dyslipidemia represents a significant risk factor for ASCVD, and it has been seen that abnormal cholesterol and triglyceride levels are the culprits for approximately 50% of cases.³

In 2016, Global Burden of Disease study reported in 2016 that elevated total cholesterol caused about 4.4 million deaths and 93.8 million disability-adjusted life-years (DALYs), representing the seventh and eighth leading risk factors globally for women and men, respectively. To reduce CVD morbidity and premature mortality effective treatment of dyslipidaemia is essential. The prevalence of dyslipidemia varies geographically, but it has been estimated that more than 50% of the world population has dyslipidemia.⁴ The INTERHEART study reported that among five South Asian countries, Bangladesh has the highest prevalence of CVD risk factors³. About 99.6% males and 97.9% females in Bangladesh are exposed to at least one of the established risks of CVDs. And the prevalence of Type 2 Diabetes is 5.9% (1.97%-8.25%), Hypertension 15.1% (10.52%-17.60%); dyslipidemia 34.35% (10.66%-48.50%) and smoking 40.56% (0.80%-55.95%). Compared to rural populations, the prevalence of T2DM and dyslipidemia were significantly higher in urban (13.5 vs 6%, $p < 0.001$; 41.5 vs 30%, $p = 0.007$, respectively)⁵. Alam MB et al. showed that among Secretariat employees of Bangladesh, dyslipidaemia had been found in considerable amounts, and abnormal fasting total cholesterol, LDL, HDL, and TG were found in 17.3%, 48.5%, 75.6%, and 48.5%, respectively⁶.

Classification:

Dyslipidemia is broadly classified into two types primary and secondary. Primary dyslipidemia is genetic and secondary dyslipidemia is an acquired disorder. Primary dyslipidemia is further classified into familial combined hyperlipidemia, familial hypercholesterolemia, polygenic hypercholesterolemia, and familial hyperapobetalipoproteinemia. Diagnostic criteria of Familial Hypercholesterolemia (FH) include fasting LDL-C >190 mg/dL, full corneal arcus in individuals <40 years of age, the presence of tendon xanthomas, or a family history of high cholesterol and/or premature ASCVD and genetic analysis. Common secondary causes of Dyslipidemia include hypothyroidism, nephrotic syndrome, dysgammaglobulinemia, cholestatic liver diseases, T2DM, obesity, excessive alcohol intake, drugs (thiazide diuretics, beta blocker, estrogen, oral contraceptive), pregnancy.

Who should be screened for ASCVD risk, and when?

The foundation of primary prevention of coronary disease is the assessment of atherosclerotic cardiovascular disease (ASCVD) risk which is a critical guide for decision-making about potential interventions.

Individuals should be screened for FH when there is a family history of premature ASCVD (definite MI or sudden death < 55 years in father or other male first-degree relative or <65 years in mother or other female first-degree relative) or elevated cholesterol levels. Adults With diabetes should be screened for dyslipidaemia. Age of the patients also influences the lipid screening. All adults 20 years or older should be evaluated for dyslipidemia every five years as part of a global risk assessment. In the absence of ASCVD risk factors, screen middle-aged individuals (Men Aged 45-65 Years, Women Aged 55-65 Years) for dyslipidemia at least once every 1 to 2 years. More frequent lipid testing is recommended when multiple global ASCVD risk factors are present. Annual screening is recommended for older adults above 65 with 0 to 1 ASCVD risk factor for dyslipidemia. In the case of children at risk for FH, screening should be at 3 years of age, between ages 9 and 11, and again at age 18. Screen adolescents older than 16 every five years or more frequently if they have ASCVD risk factors. For dyslipidemia screening, we should advise fasting lipid profile as it provides the most precise lipid assessment, including total cholesterol, LDL-C, TG, and non-HDL-C⁷.

How to treat?

Management of Dyslipidaemia involves both lifestyle changes and drug therapy. To control dyslipidaemia, lifestyle modification plays a vital role. All adults should consume a healthy diet including whole grains, vegetables, fruits, lean vegetables or animal protein, fish, and nuts and limit the intake of red meat, processed meats, trans fats, refined carbohydrates, and sweetened beverages. Following a Mediterranean, low-carbohydrate, or low-fat diet also helps to combat dyslipidaemia. Counseling and caloric restriction for weight loss are recommended for obese individuals. Adults should engage in at least 150 minutes per week of accumulated moderate-intensity physical activity or 75 minutes per week of vigorous-intensity physical activity. At every healthcare visit, all adults should be assessed for tobacco use, and if they smokes, should be strongly advised to cease smoking.

Lipid-lowering therapy results in the reduction of overall cardiovascular mortality and morbidity. The available pharmacological therapy for managing dyslipidaemia are Statins, Fibrates, Niacin, Bile acid sequestrants, Omega-3 fish oil, PCSK9 inhibitors, Cholesterol absorption inhibitors, MTP inhibitor, Antisense apo B oligonucleotide.

Statin therapy is the first-line treatment for primary prevention of ASCVD in patients with elevated LDL cholesterol levels (≥ 190 mg/dL), those with diabetes mellitus, who are 40- 75 years of age, and those determined to be at sufficient ASCVD risk after a clinician-patient risk discussion. Statin therapy is recommended as the primary pharmacologic agent to achieve target LDL-C goals. In individuals within high-risk and very high-risk categories, further lowering LDL-C beyond established targets with statins results in additional ASCVD event reduction and may be considered. Very high-risk individuals with established coronary, carotid, and peripheral vascular disease, or diabetes, who also have at least 1 additional risk factor, should be treated with statins to target a reduced LDL-C treatment goal of < 70 mg/dL. Extreme-risk individuals should be treated with statins or combination therapy to target an even lower LDL-C treatment goal of < 55 mg/dL. Statin therapy is contraindicated in pregnancy.

Fibrates should be used to treat severe hypertriglyceridemia (TG > 500 mg/dL). It may improve ASCVD outcomes in primary and secondary prevention when TG concentrations are ≥ 200 mg/dL and HDL-C concentrations < 40 mg/dL. Bile acid sequestrants may be considered to reduce LDL-C and apo B and modestly increase HDL-C, but they may increase TG. Prescription omega-3 oil, 2 to 4 g daily, can treat severe hypertriglyceridemia (TG > 500 mg/dL). Dietary supplements are not FDA-approved for the treatment of hypertriglyceridemia and generally are not recommended for this purpose. Combination therapy of lipid-lowering agents is considered when the LDL-C/non-HDL-C level is markedly increased, and monotherapy (usually with a statin) does not achieve the therapeutic goal. For patients with diabetes and ASCVD, if LDL cholesterol is ≥ 70 mg/dL on maximally tolerated statin dose, consider adding additional LDL lowering therapy (such as ezetimibe or PCSK9 inhibitors such as evolocumab and alirocumab). Combination therapy (statin/fibrate) does not improve ASCVD outcomes and is generally not recommended. Combination therapy (statin/niacin) has no additional CV benefit over statins alone, may raise the risk of stroke with additional risk factors & is not generally recommended.⁸

Achieving Target:

LDL-C lowering to a low level is essential to reduce the risk of cardiovascular disease adequately. LDL-C should be the primary target for therapy, and the treatment Goals should be set according to ASCVD Risk Categories 8. Increasing statin dosage or switching to more potent statin along with intensifying lifestyle measures should be the first step to achieving the LDL-C target. Adding a non-statin drug such as ezetimibe should be considered when the above measures prove inadequate.

Risk category	Risk factors/10-year risk	Target (mg/dl)		
		LDL-C	Non HDL-C	Apo B

Extreme risk	– Progressive ASCVD including unstable angina in individuals after achieving an LDL-C <70 mg/dL – Established clinical cardiovascular disease in individuals with DM, stage 3 or 4 CKD, or HeFH – History of premature ASCVD (<55 male, <65 female)	<55	<80	<70
Very high risk	– Established or recent hospitalization for ACS, coronary, carotid or peripheral vascular disease, 10-year risk >20% – DM or stage 3 or 4 CKD with 1 or more risk factor(s) – HeFH	<70	<100	<80
High risk	– ≥2 risk factors and 10-year risk 10%-20% – DM or stage 3 or 4 CKD with no other risk factors	<100	<130	<90
Moderate risk	≤2 risk factors and 10-year risk <10%	<100	<130	<90
Low risk	0 risk factors	<130	<160	---

After the initiation of treatment, lipid levels should be monitored periodically though there is no specific supportive data for monitoring intervals. The usual recommendation is to measure fasting lipid profile 2- 3 months after starting or changing therapies, and after stabilization of the lipid level, monitoring should be done once or twice yearly. 0.5 to 2% of patients on statin therapy experience liver and severe muscle toxicity. Routine monitoring of liver enzyme levels is not necessary. The routine measurement of creatine kinase is not found to be useful in predicting rhabdomyolysis. If patients develop myalgia or any muscle symptoms, it is necessary to check creatine kinase.

Conclusion:

Dyslipidaemia is a modifiable and treatable risk factor. Early detection, treatment, and prevention of Dyslipidaemia can largely reduce morbidity & mortality and alleviate the undue burden on our limited health budget. Dyslipidaemia patients are to be stratified on the basis of risk factors. There are different types of drugs available to deal with this problem. Some adverse effects of these drugs encountered during medication are to be looked for and can be dealt with appropriate guidelines. Updated knowledge of dyslipidaemia and its management is needed for all levels of physicians and doctors.

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Conclusion

This is first newsletter of my tenure. Prof. HAM Nazmul Ahasan handed over the baton of Governorship to me. I would like to convey my heartfelt gratitude to past two Governors of “ACP-Bangladesh Chapter”, Prof. Quazi Tarikul Islam and Prof. H. A. M. Nazmul Ahasan. Their contribution in the development and enrichment of the chapter is immense. I hope the process which started before my tenure will continue. Bangladesh Society of Medicine (BSM) is our parent society. We always love to work with the BSM. We are stepping forward to work closely with regional ACP Chapters like India Chapter, Saudi Arabia Chapter, Japan Chapter and ASEAN Chapter. We have planned to perform a lot more activities for the development of our Internists and to create a solid network between our Masters, Fellows & Members. So, my keen request to all the Fellows & Members of the chapter to remain active and participate in upcoming events.

Thanks,

Prof. Khan Abul Kalam Azad
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Governor, ACP Bangladesh Chapter