



Unclogging high cholesterol medical entitlements

The human body needs cholesterol to function normally but too much of it is a serious disease. Your medical scheme must cover hyperlipidaemia in full.

What is hyperlipidaemia?

Hyperlipidaemia is when you have too much bad cholesterol in your body. There is good cholesterol and bad cholesterol.

The technical term for good cholesterol is High Density Lipoprotein, or HDL. Good cholesterol helps clear excess bad cholesterol from the blood as it travels back to the liver. Bad cholesterol is also called Low Density Lipoprotein (LDL). It is found in the fatty deposits in the arteries and can contribute to heart disease. The higher the ratio between the HDL and LDL levels, the lower the risk for heart disease.

Doctors measure how much cholesterol you have in your blood. If your total cholesterol score is high, the doctor may order a complete lipid profile to check for LDL, HDL, triglycerides and total cholesterol. It is important that these tests are done early in the morning before eating, and find out which type is causing the problem.

High bad cholesterol (LDL) increases your risk for heart disease, heart attack and stroke. High LDL and high triglycerides in patients who have central obesity and diabetes increase the risk of heart disease and strokes as well. Too much bad cholesterol circulating in the blood can create sticky deposits (plaque) along the artery walls. This plaque can eventually narrow or block the flow of blood to the brain, heart, and other organs. Blood cells which get caught on the plaque form clots, and these clots can break loose and block blood flow through an artery, causing a heart attack or a stroke.

What causes high cholesterol?

High bad cholesterol levels may be hereditary or be caused by your diet.

Hereditary high levels of bad cholesterol occur when your liver makes too much bad cholesterol or your body does not remove bad cholesterol from your blood as efficiently as it should. Hereditary high levels of bad cholesterol are marked by a family history of premature heart disease, i.e. heart attacks or sudden

death in men before the age of 55 years and before the age of 65 in women.

Most often high bad cholesterol is caused by eating foods high in saturated fat and not getting enough exercise.

What are the risk factors for hypercholesterolemia (high blood cholesterol)?

- Familial Hypercholesterolemia (FH) is inherited hypercholesterolemia. FH occurs when a new population is established by a very small number of individuals from a larger population. In South Africa FH is highly prevalent amongst the Ashkenazi Jews, Indian and Afrikaans populations.
- Total bad cholesterol levels may steadily increase between the ages of 20 and 65 years and thereafter they decrease slightly in men and tend to stabilise in women,
- Women have higher good cholesterol levels and so have less risk of developing heart disease than men. During menopause the bad cholesterol in women increases and their risk of heart disease equals that of men.
- A diet that is too high in saturated fat (mainly found in animal meat and fat), dietary cholesterol and energy can increase bad cholesterol levels. It is common for South Africans to consume 40-50% of their total energy intake in the form of fat (it is recommended to keep fat intake below 30%), with usually more than 50% of these fats being saturated.
- Overweight people tend to have higher bad and lower good cholesterol levels and thus have an increased risk heart attacks and strokes.
- The more active you are, the higher the good cholesterol levels and the reverse is true. Exercise also helps control weight and blood pressure.
- Stress has been associated with increased levels of bad cholesterol.
- Excessive alcohol intake may contribute to increased levels of bad cholesterol.

- People with diabetes and/or hypothyroidism (condition where the thyroid gland does not make enough thyroid hormone) have an increased risk of hypercholesterolemia.
- Use of certain medicines such as diuretics, beta blockers and estrogens increases the risk of hypercholesterolemia

How is high bad cholesterol diagnosed?

The only way to tell if your cholesterol is high is through a blood test. It is necessary to fast for 10-12 hours before the tests. Your doctor will let you know whether you can drink water or suck on ice cubes during your fast. When the cholesterol level is tested, the total cholesterol as well as the different types of cholesterol are determined.

What are the symptoms of high bad cholesterol?

There usually aren't any symptoms of high bad cholesterol, especially in the early stages of the disease.

How is high bad cholesterol treated?

Lifestyle changes, such as eating healthier, exercising more, reducing alcohol intake and smoking cessation, are the most effective means of preventing and, in less severe cases, treating high bad cholesterol levels especially non-familial hypercholesterolemia. Your doctor may also prescribe specific cholesterol-lowering medications.

Prescribed minimum benefits (PMBs) treatment cover explained

According to the Heart and Stroke Foundation South Africa, it is estimated that 80% of South Africans who live in cities have raised bad cholesterol, and 20% of them have levels that place them at high risk of developing heart disease.

The PMB package takes into account this prevalence of the disease which is why it includes the Framingham Risk Scoring system to determine when medicine management for bad cholesterol should be funded in full. Meaning your doctor may prescribe cholesterol lowering medicine for you but because of your risk profile your scheme may not be obliged to fund your medicine as part of the PMB cover.

Your doctor will use a cardiovascular risk scoring system to determine the chances of you developing cardiovascular disease within the next 5 or 10 years. The risk scoring system your doctor uses will also indicate whether you are likely to benefit from prevention therapy.

The algorithm (<http://www.medicalschemes.com/files/Prescribed%20Minimum%20Benefits/hyperlipidaema.pdf>) in the Medical Schemes Act prescribes treatment for high levels of bad cholesterol.

Prescribed minimum benefits (PMBs) are defined by law. They are the minimum level of diagnosis, treatment and care that your medical scheme must cover – and it must pay for your PMB condition/s from its risk pool and in full. There are medical interventions available over and above those prescribed for PMB conditions but your scheme may choose not to pay for them.

A designated service provider (DSP) is a healthcare provider (e.g. doctor, pharmacist, hospital) that is your medical scheme's first choice when you need treatment or care for a PMB condition. You can use a non-DSP voluntarily or involuntarily but be aware that when you choose to use a non-DSP, you may have to pay a portion of the bill as a co-payment.

PMBs include 270 serious health conditions, any emergency condition and 25 chronic diseases; they can be found on our website by accessing the link provided (www.medicalschemes.com/medical_schemes_pmb/index.htm).

References

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<http://www.framinghamheartstudy.org/risk/index.html>

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