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[논문]

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Dyslipidemia in adolescents and young adults

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Atherosclerotic cardiovascular disease (ASCVD) stands as a significant global cause of mortality. While clinical manifestations typically arise in middle age and beyond, atherosclerosis may commence in childhood, persisting into adulthood and contributing to cardiovascular disease (CVD) progression. Thus, early intervention through evidence-based measures such as screening, education, lifestyle adjustments, and guideline-directed medical therapy holds promise for this demographic. Given that atherosclerosis is fueled by atherogenic lipoproteins and inflammation, dyslipidemia emerges as a pivotal risk factor for ASCVD development. Lifestyle modifications represent a primary strategy for managing dyslipidemia in adolescents and young adults.

In critical scenarios, pharmacological interventions, complementing lifestyle changes, may yield significant dyslipidemia alleviation. Initial dyslipidemia management entails a low-fat diet enriched with water-soluble fiber, plant stanols, and plant sterols, coupled with weight management and physical activity. Considering adolescents with a positive family history of premature CVD and low-density lipoprotein cholesterol levels exceeding 160 mg/dL, drug therapy involving HMG-CoA reductase inhibitors, bile acid sequestrants, and cholesterol absorption inhibitors could be warranted. Such dietary and pharmaceutical approaches demonstrate safety and efficacy, offering potential in retarding atherosclerosis progression.