Hyperlipidaemia/cardiovascular disease are examined in more detail in the care map. 

Management options for this side effect (Figure 1), which includes hyperlipidaemia and cardiovascular disease outlines the assessment and management of hyperlipidaemia and cardiovascular disease, but who have not yet developed symptoms and are at significant risk of cardiovascular disease, given the roles of GPs and primary healthcare teams in identifying people at significant risk of cardiovascular disease.

Aim of this article, the fourth in the care maps series, was to expand and elaborate on the assessment and classification of serum lipid concentrations (mmol/L)

<table>
<thead>
<tr>
<th>Serum Lipid</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cholesterol</td>
<td>&lt;1.00 Low, 1.01-2.58 Normal, 2.59-4.11 Borderline high, &gt;4.11 High</td>
</tr>
<tr>
<td>HDL cholesterol</td>
<td>&lt;0.90 Low, 0.91-1.55 Near optimal, 1.56-1.89 Near or above optimal, &gt;1.90 Optimal</td>
</tr>
<tr>
<td>LDL cholesterol</td>
<td>&lt;2.59 Optimal, 2.60-3.34 Near or above optimal, 3.35-4.10 Borderline high, &gt;4.11 High</td>
</tr>
<tr>
<td>Triglycerides</td>
<td>&lt;1.70 Optimal, 1.71-2.29 Near or above optimal, 2.30-5.20 Borderline high, &gt;5.21 High</td>
</tr>
</tbody>
</table>

The care map expands and elaborates on the assessment and classification of serum lipid concentrations (mmol/L). Classification of the ten-year CHD risk using the Framingham scoring system (Expert Panel 2001).

1. For patients with zero or one risk factor, no further risk assessment is needed to determine appropriate therapy. These patients' absolute ten-year risk of CHD is generally <10 per cent (Expert Panel 2001).

2. Once low-density lipoprotein (LDL) cholesterol is determined, the next step is to assess the patient's risk of CHD. The major positive risk factors for coronary heart disease (CHD) and need for therapeutic management. In addition to hypertension, smoking and diabetes mellitus, elevated serum cholesterol is an independent risk factor for CHD and cerebrovascular disease. Patients with diabetes are in the highest risk category for coronary events (Irons et al. 1998), but is atypical antipsychotic most closely associated with hyperlipidaemia and cardiovascular disease (McIntyre et al. 2000), with cardiovascular disease being the principal cause of excess deaths in women. This is due to a twofold increase in cardiovascular mortality compared with men (Wannamethee et al. 1999, Expert Panel 2001).

3. Practitioners should always be aware of modifiable risk factors for CHD, such as smoking, poor dietary intake of saturated fat and cholesterol are all risk of cardiovascular events. Identifying patients at higher risk of cardiovascular disease, a side effect of atypical antipsychotic drugs. The relative risks of the atypical antipsychotic most closely associated with hyperlipidaemia and cardiovascular disease (McIntyre et al. 2000), with cardiovascular disease being the principal cause of excess deaths in women. This is due to a twofold increase in cardiovascular mortality compared with men (Wannamethee et al. 1999, Expert Panel 2001).

1.1 Pre-treatment assessment of serum cholesterol levels:

1.2 Assess for risk of coronary heart disease with reference to risk factors

1.3 If two or more risk factors are present, carry out Framingham points score

1.4 If the prescriber and patient decide to persevere with the antipsychotic, proceed with non-pharmacological management strategies

1.5 Institute non-pharmacological management strategies:

1.6 Reinforcement of dietary intake and referral to a dietician:

1.7 Institute pharmacological interventions:

1.8 If levels continue to be high then switch to an atypical antipsychotic with low association

1.9 If ten-year risk >20 per cent and continuing on the same atypical, consider low association atypical antipsychotic

1.10 If ten-year risk <20 per cent, consider switching to another atypical antipsychotic with less association

1.11 If low-density lipids remain high, consider switching to alternative atypical antipsychotic

1.12 If low-density lipids are higher than 3.34mmol/L, consider atypical antipsychotic with a lower association

1.13 If low-density lipids return to normal limits continue with medication

1.14 If continuing on the same atypical antipsychotic, then...