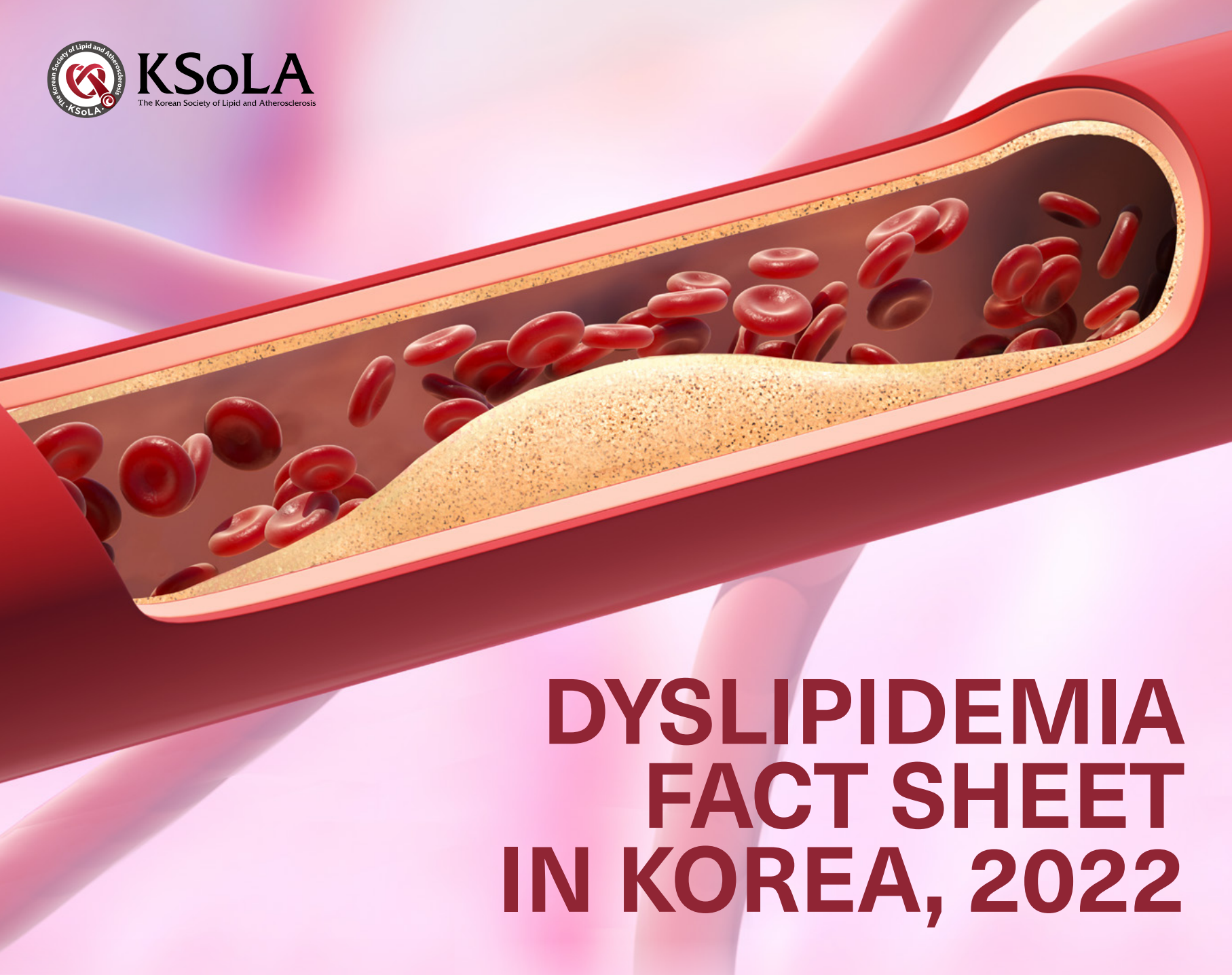
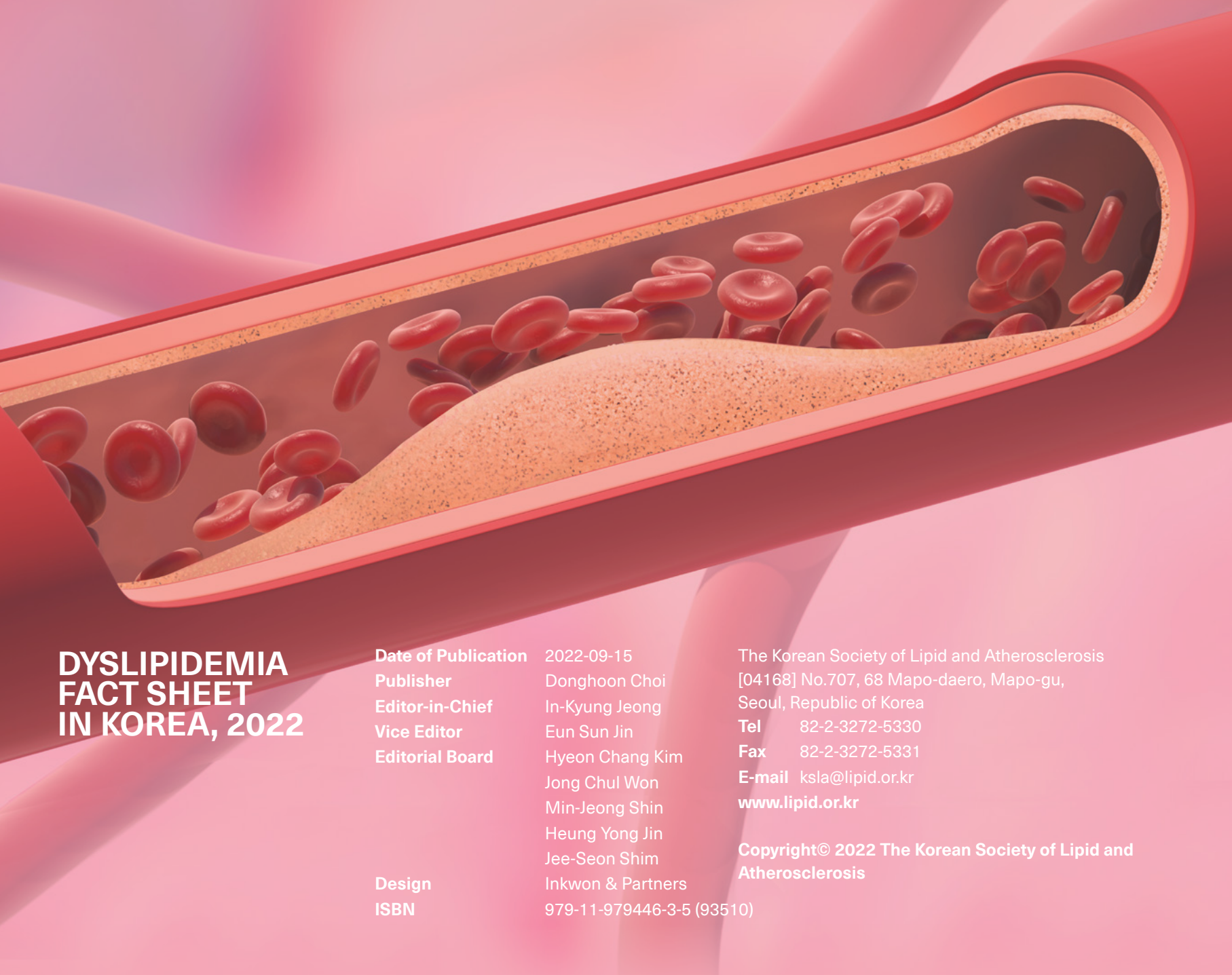




KSOLA
The Korean Society of Lipid and Atherosclerosis



DYSLIPIDEMIA FACT SHEET IN KOREA, 2022



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Welcome message

The Korean Society of Lipid and Atherosclerosis (KSoLA) is proud to launch the 4th edition of the Dyslipidemia Fact Sheet, which we have been publishing since 2015.

The KSoLA is a nonprofit organization founded in 2001 by the merger of the Korean Society of Lipid and the Korean Association for the Study of Atherosclerosis. The mission of our society is to prevent and cure atherosclerosis, and to improve public awareness regarding the seriousness of atherosclerosis and its risk factors. To fulfill this mission, we have analyzed the current status of dyslipidemia based on data from the 2007-2020 Korea National Health and Nutrition Examination Survey (KNHANES).

We always find new and more accurate data and revise accordingly to indicate changes in the epidemiology of cardiovascular disease and its risk factors. As described in this edition of the fact sheet, more than 1 in 4 Korean adults are living with hypercholesterolemia. The prevalence of hypercholesterolemia in adults has more than doubled from 2007 to 2020. More than 2 in 5 adults in Korea have dyslipidemia, which is a serious cause of mortality and morbidity due to cardiovascular disease. It places a heavy burden on the affected individuals and our society. In this edition, the definition of hypo-HDL-cholesterolemia for women (less than 50 mg/dL) was added in the analysis of the prevalence of dyslipidemia.

We hope this Dyslipidemia Fact Sheet 2022 will help to enhance public awareness and encourage research to prevent atherosclerosis.

President,
Myung-A Kim

Chairman,
Donghoon Choi



Contents

Lipid Profile in Korean Adults

- 08 Age-standardized Mean Concentration of Blood Lipids (2007–2020 Trend)
- 09 Distribution of Blood Lipid Concentration (2016-2020 Average)

Prevalence and Management of Hypercholesterolemia in Korean Adults

- 11 Age-standardized Prevalence of Hypercholesterolemia (2007–2020 Trend)
- 12 Crude Prevalence of Hypercholesterolemia (2007–2020 Trend)
- 13 Crude Prevalence of Hypercholesterolemia by Sex (2007–2020 Trend)
- 14 Awareness Rate of Hypercholesterolemia (2007–2020 Trend)
- 15 Awareness Rate of Hypercholesterolemia by Sex (2007–2020 Trend)
- 16 Treatment Rate of Hypercholesterolemia (2007–2020 Trend)
- 17 Treatment Rate of Hypercholesterolemia by Sex (2007–2020 Trend)
- 18 Control Rate of Hypercholesterolemia (2007–2020 Trend)
- 19 Control Rate of Hypercholesterolemia by Sex (2007–2020 Trend)
- 20 Control Rate among Adults Treated for Hypercholesterolemia (2007–2020 Trend)
- 21 Control Rate among Adults Treated for Hypercholesterolemia by Sex (2007–2020 Trend)
- 22 Summary of Management of Hypercholesterolemia (2019–2020 average)

Prevalence of Dyslipidemia in Korean Adults

- 24 Age-standardized Prevalence of Dyslipidemia (2007–2020 Trend)
- 25 Crude Prevalence of Dyslipidemia by Sex and Age (2016-2020 Average)
- 26 Age-standardized Prevalence of Hyper-LDL-cholesterolemia (2007–2020 Trend)
- 27 Crude Prevalence of Hyper-LDL-cholesterolemia by Sex and Age (2016-2020 Average)
- 28 Age-standardized Prevalence of Hypertriglyceridemia (2007–2020 Trend)
- 29 Crude Prevalence of Hypertriglyceridemia by Sex and Age (2016-2020 Average)
- 30 Age-standardized Prevalence of Hypo-HDL-cholesterolemia (2007–2020 Trend)
- 31 Crude Prevalence of Hypo-HDL-cholesterolemia by Sex and Age (2016-2020 Average)
- 32 Prevalence of Dyslipidemia and Its Components (2016-2020 Average)

Dyslipidemia in Specific Populations

- 34 Prevalence of Dyslipidemia according to Diabetes Status
- 35 Distribution of LDL-cholesterol Levels among Adults with and without Diabetes
- 36 Prevalence of Dyslipidemia according to Hypertension Status
- 37 Distribution of LDL-cholesterol Levels among Adults with and without Hypertension
- 38 Prevalence of Dyslipidemia according to Obesity status
- 39 Prevalence of Dyslipidemia among Adults with and without Abdominal Obesity

Health Behaviors among Adults with Dyslipidemia

- 41 Dietary Intake of Energy and Macronutrients among Adults with Dyslipidemia (2016-2018 Average)
- 42 Proportion of Those Who Met the Criteria for Balanced Consumption among Adults with Dyslipidemia (2016-2018 Average)
- 43 Distribution of Desirable Dietary Habits among Adults with Dyslipidemia (2016-2018 Average)
- 44 Distribution of Physical Inactivity, Cigarette Smoking, and Alcohol Drinking among Adults with Dyslipidemia (2016-2018 Average)

[Supplement] Trends in Health Behaviors of Korean Adults

- 46 Age-standardized Dietary Intake among Koreans (2007-2020 Trend)
- 47 Age-standardized Dietary intake among Koreans by sex (2007-2020 Trend)
- 48 Age-standardized Prevalence of Cigarette Smoking among Koreans (2007-2020 Trend)
- 49 Age-standardized Prevalence of Monthly Alcohol Drinking among Koreans (2007-2020 Trend)
- 50 Age-standardized Prevalence of Binge Drinking among Koreans (2007-2020 Trend)
- 51 Age-standardized Prevalence of Walking among Koreans (2007-2020 Trend)
- 52 Age-standardized Prevalence of Physical Inactivity among Koreans (2014-2020 Trend)

Data source and analysis

Data source

2007–2020 Korea National Health and Nutrition Examination Survey (KNHANES)

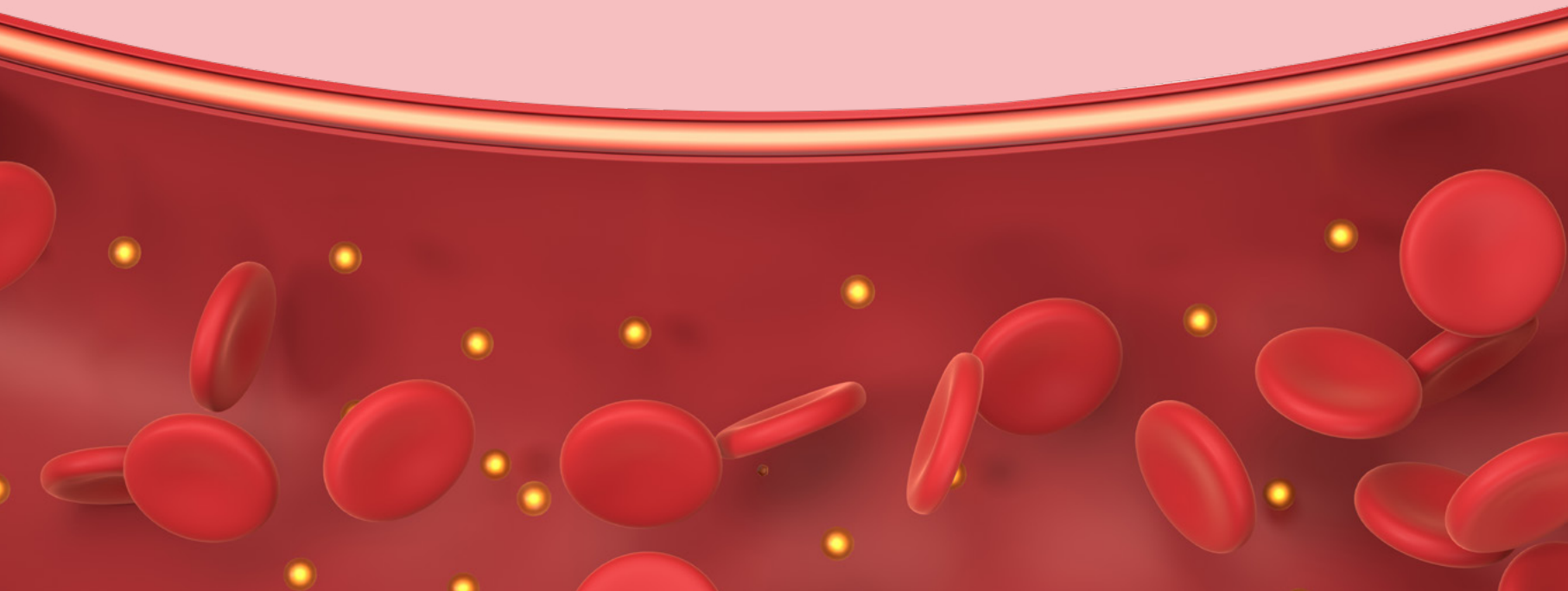
Definition

- Hypercholesterolemia: total cholesterol ≥ 240 mg/dL or taking a lipid-lowering drug.
- Awareness: self-reported physician-diagnosed hypercholesterolemia or dyslipidemia.
- Treatment: self-reported use of a lipid-lowering drug.
- Control: total cholesterol < 200 mg/dL.
- Dyslipidemia 1: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (< 40 mg/dL in men and women).
- Dyslipidemia 2: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (< 40 mg/dL in men; < 50 mg/dL in women).
- Hyper-LDL-cholesterolemia: LDL-cholesterol ≥ 160 mg/dL or taking a lipid-lowering drug.
- Hypertriglyceridemia: triglyceride ≥ 200 mg/dL.
- Hypo-HDL-cholesterolemia 1: HDL-cholesterol < 40 mg/dL in men and women.
- Hypo-HDL-cholesterolemia 2: HDL-cholesterol < 40 mg/dL in men; < 50 mg/dL in women.

Age-standardization

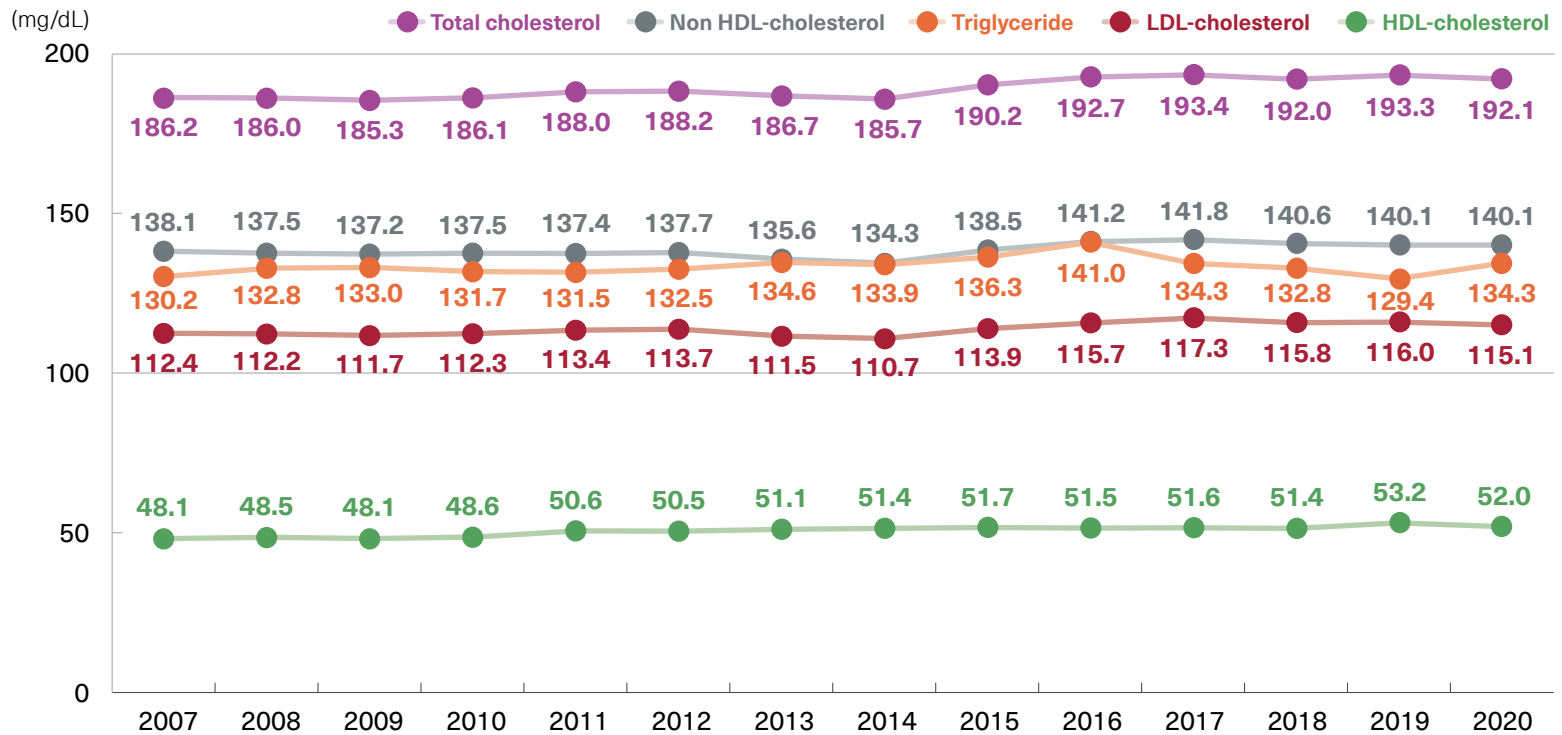
- The age-standardized prevalence was calculated using age- and sex-specific structures of the estimated population based on the 2005 Population Projections for Korea.

Lipid profile in Korean adults



Age-standardized mean concentration of blood lipid

2007-2020 trend

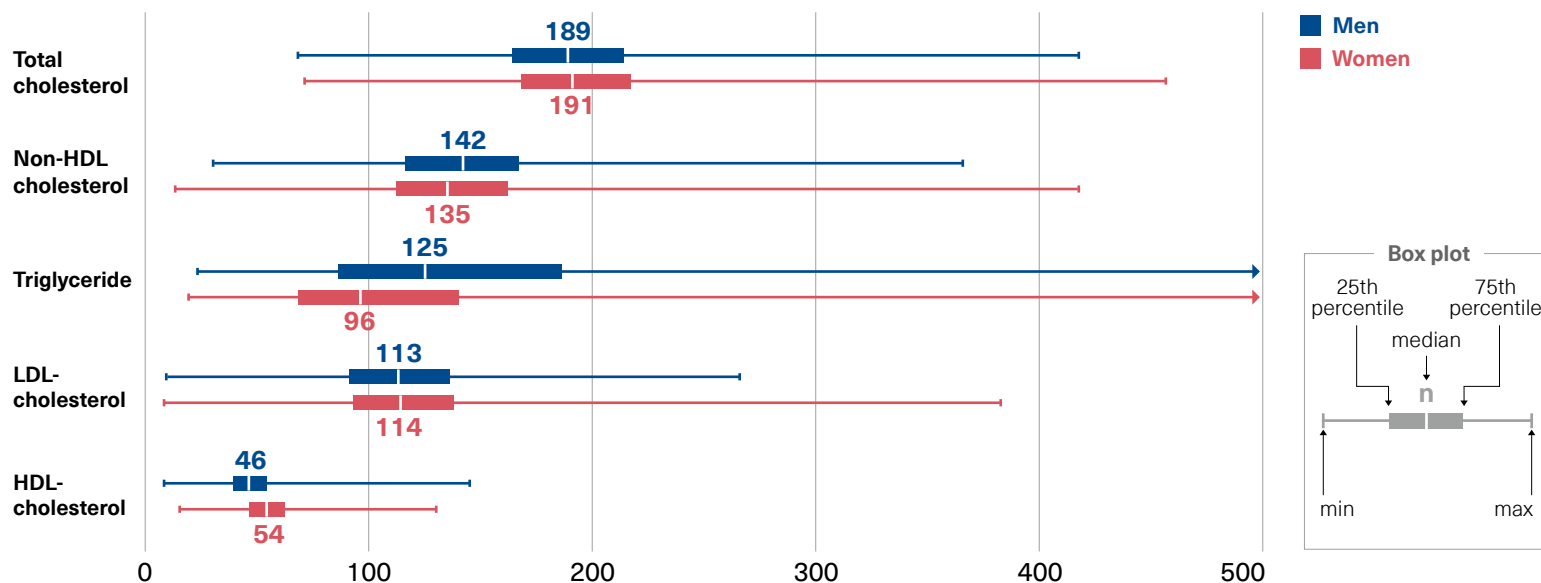


Age-standardized to 2005 population

Data source: KNHANES 2007-2020
Subjects: Adults aged 20+ years

Distribution of blood lipid concentration

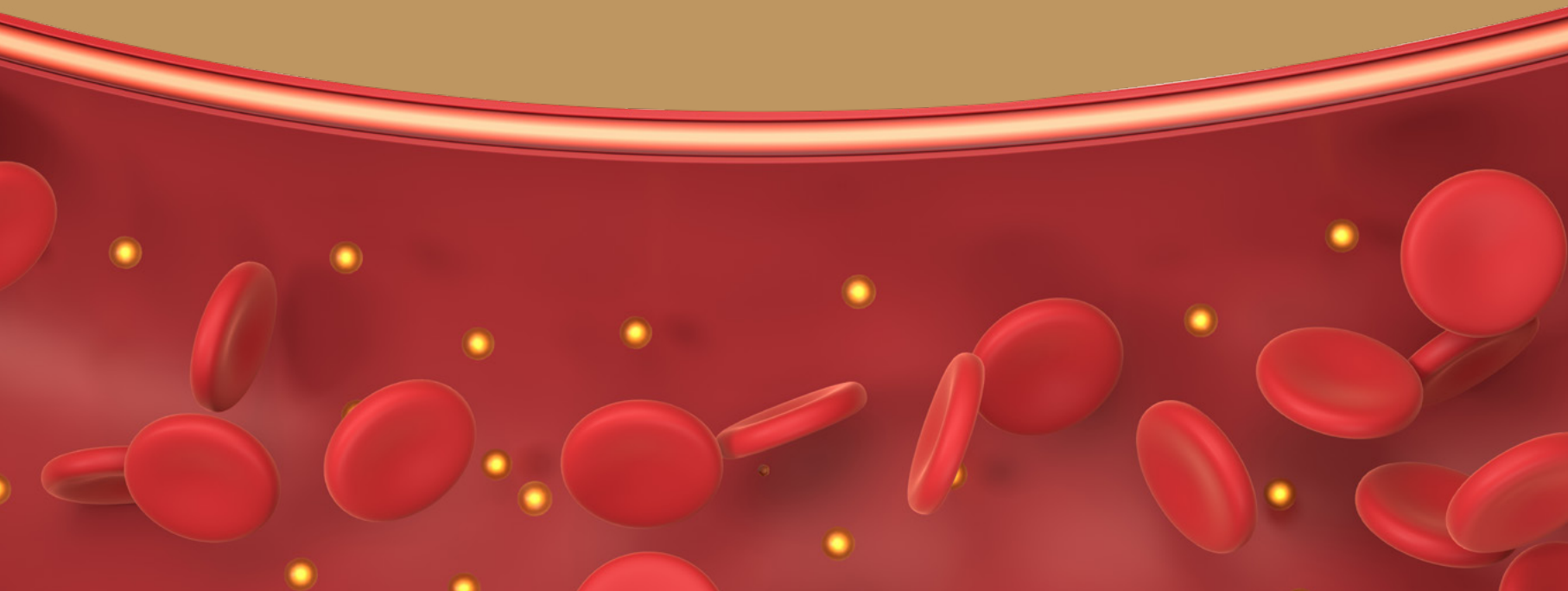
2016–2020 average



		Mean	S.D.	Percentile						
				5	10	25	50	75	90	95
Men	Total cholesterol	190	38	129	141	164	189	214	238	253
	Non-HDL cholesterol	142	38	83	95	116	142	167	191	207
	Triglyceride	157	129	52	62	86	125	186	273	358
	LDL-cholesterol	114	33	60	71	91	113	136	157	169
	HDL-cholesterol	47	11	32	34	39	46	54	62	68
Women	Total cholesterol	194	38	136	148	168	191	217	243	259
	Non-HDL cholesterol	139	95	85	95	112	135	162	188	204
	Triglyceride	115	81	44	50	68	96	140	198	245
	LDL-cholesterol	117	34	67	76	93	114	138	160	176
	HDL-cholesterol	55	13	36	39	46	54	62	72	78

Data: 2016-2020 KNHANES; adults aged 20+ years

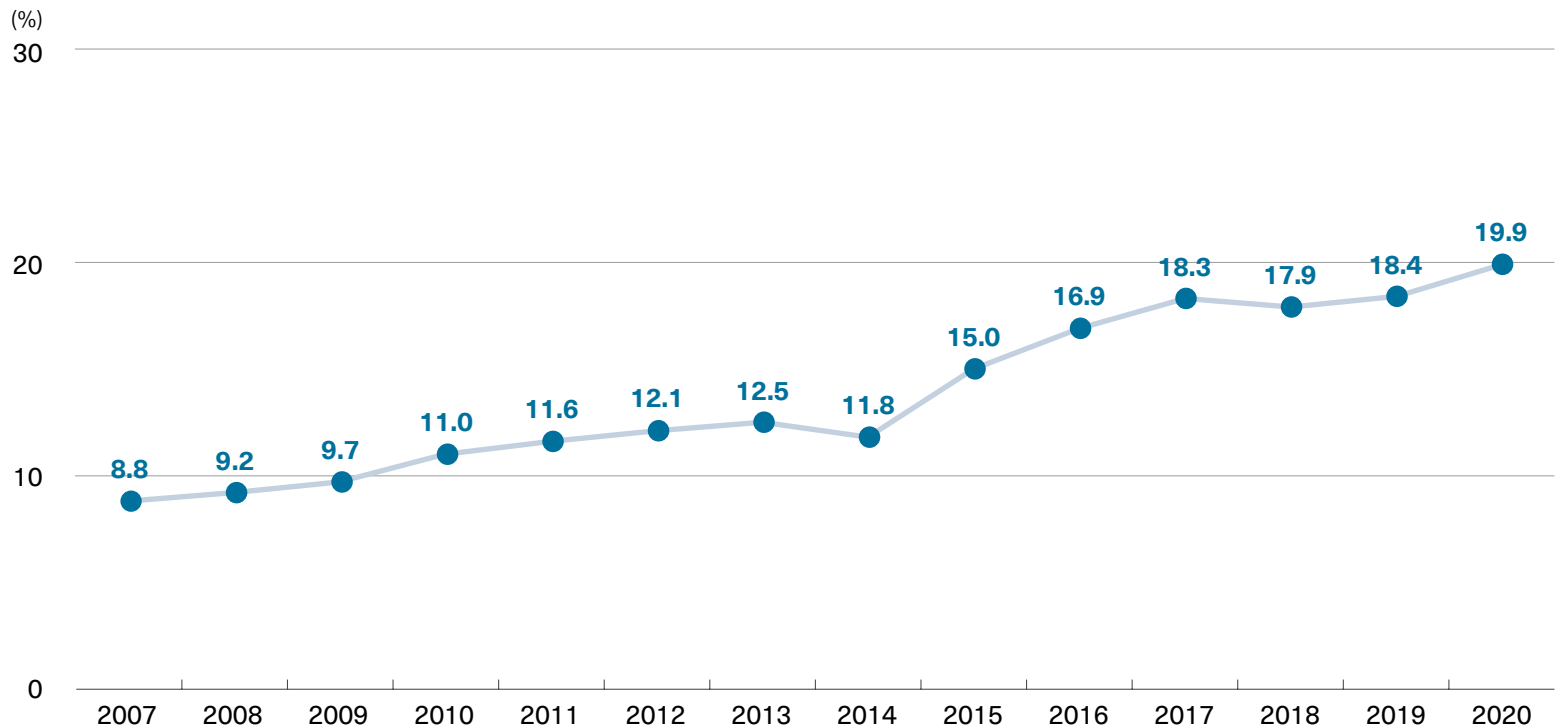
Prevalence and management of hypercholesterolemia in Korean adults



Age-standardized prevalence of hypercholesterolemia

2007-2020 trend

The age-standardized prevalence of hypercholesterolemia more than doubled from 2007 to 2020.

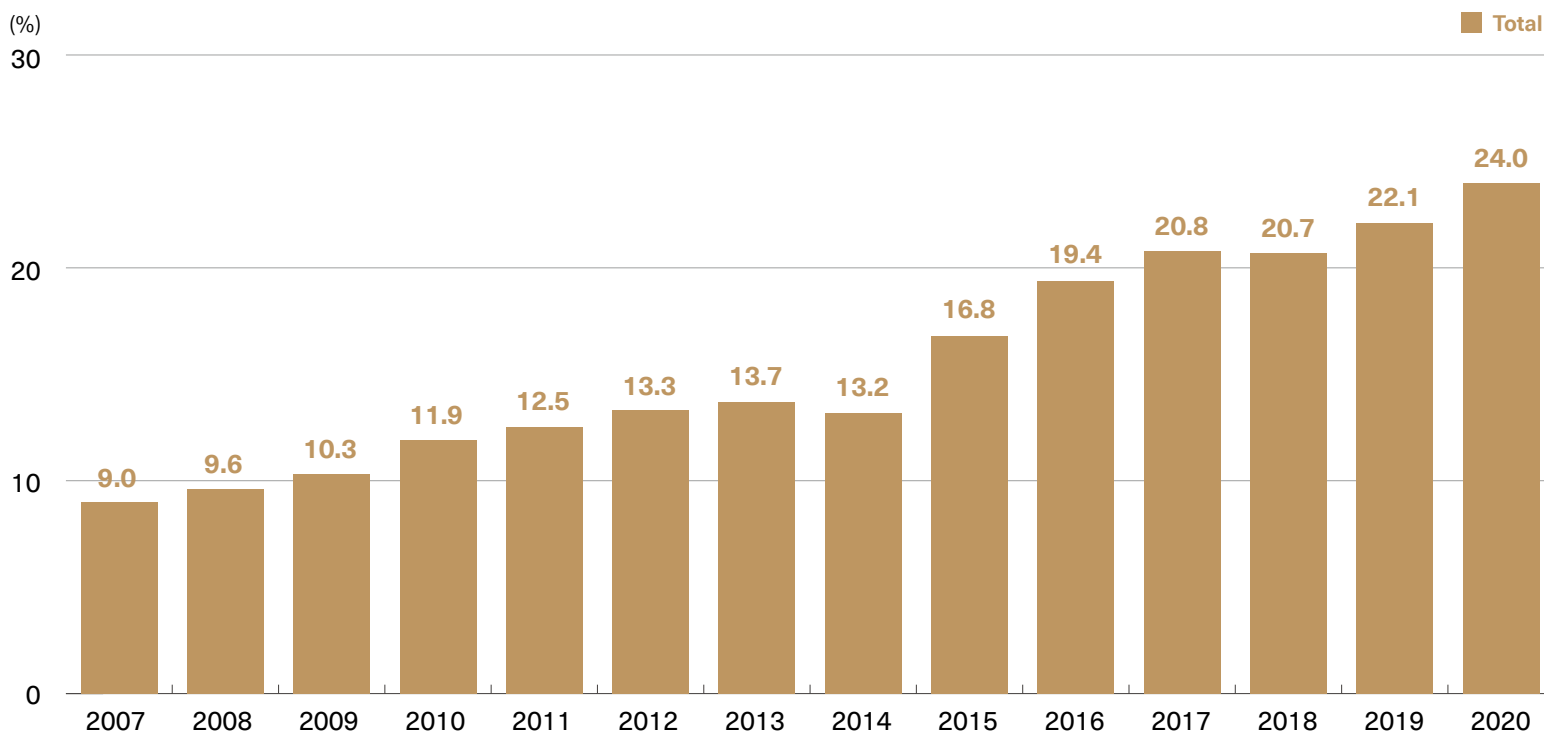


Data: 2007-2020 KNHANES; adults aged 20+ years; standardized to the 2005 Korean population.
Hypercholesterolemia: total cholesterol ≥ 240 mg/dL or taking a lipid-lowering drug.

Crude prevalence of hypercholesterolemia

2007-2020 trend

Hypercholesterolemia is steadily increasing.
Nearly 1 out of 4 adults has hypercholesterolemia.

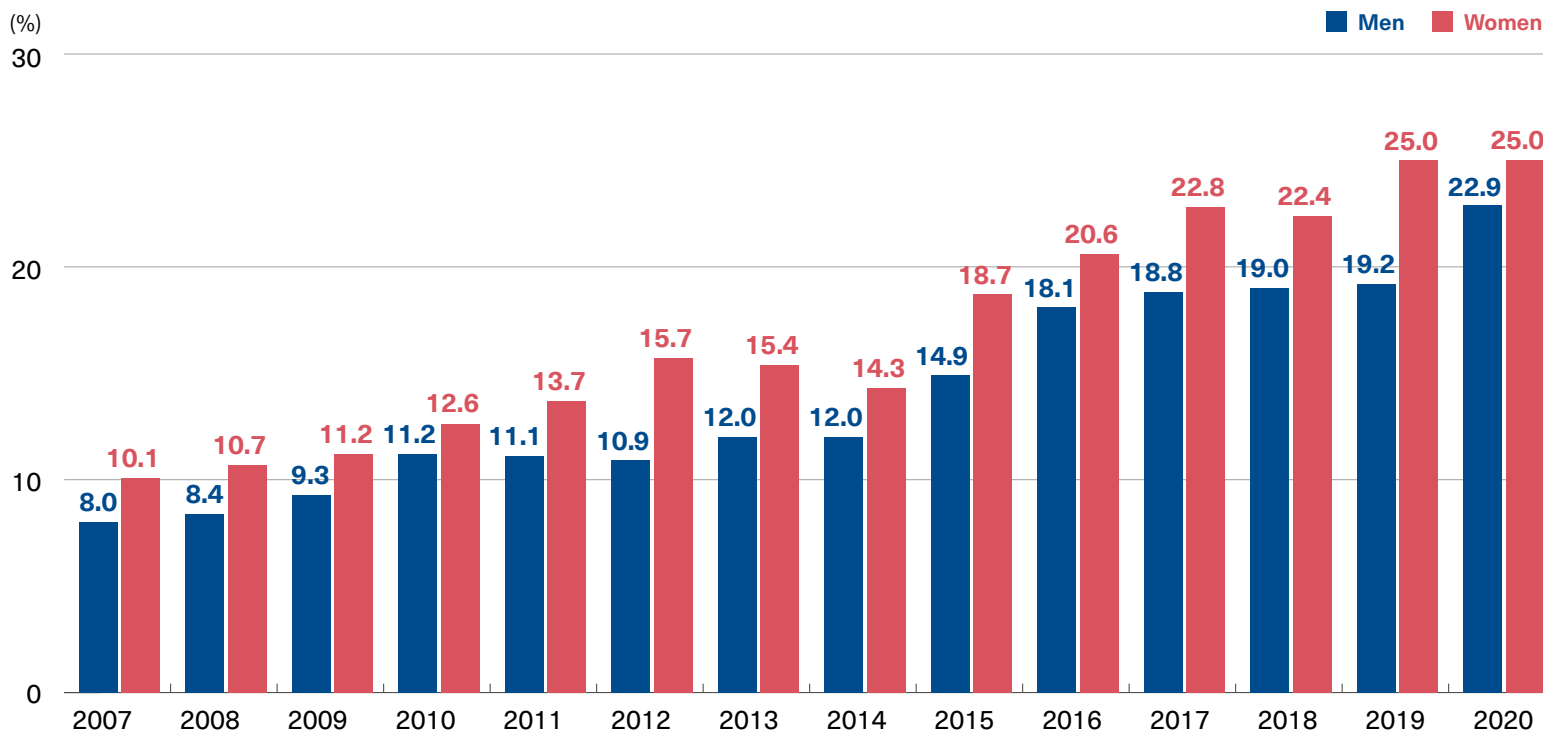


Data: 2007-2020 KNHANES; adults aged 20+ years
Hypercholesterolemia: total cholesterol \geq 240 mg/dL or taking a lipid-lowering drug.

Crude prevalence of hypercholesterolemia by sex

2007-2020 trend

The prevalence of hypercholesterolemia has steadily increased in both men and women.

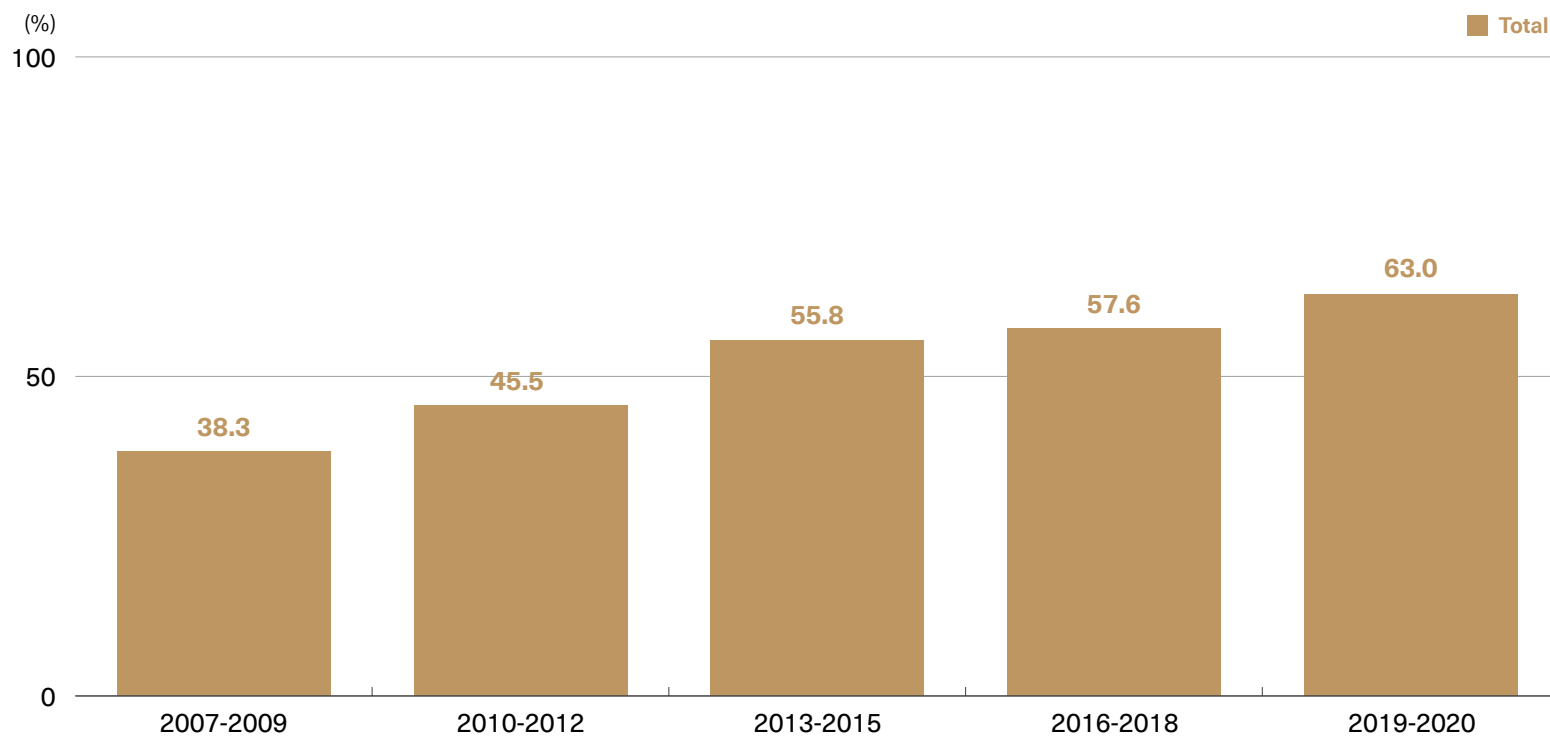


Data: 2007-2020 KNHANES; adults aged 20+ years
Hypercholesterolemia: total cholesterol \geq 240 mg/dL or taking a lipid-lowering drug.

Awareness rate of hypercholesterolemia

2007-2020
trend

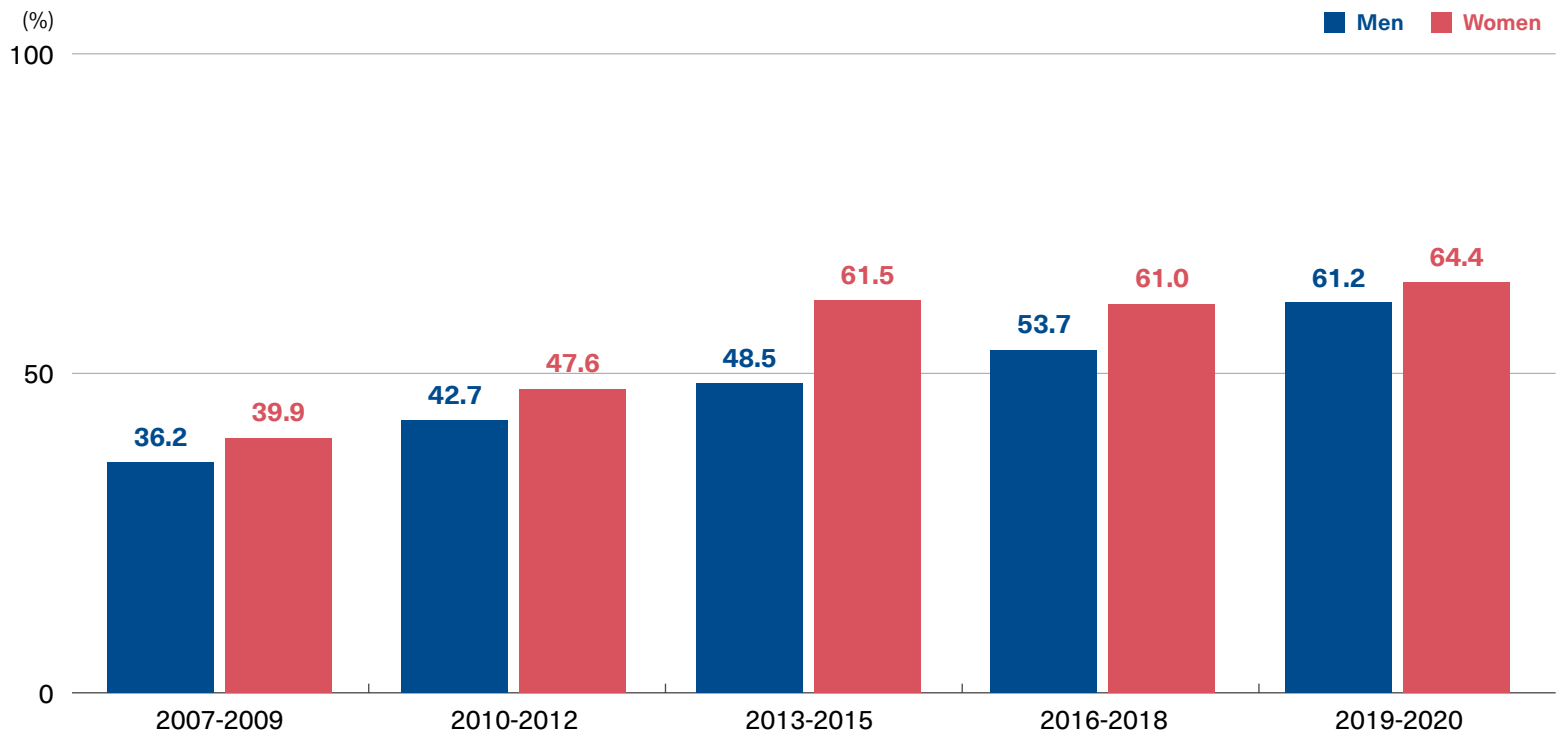
The awareness rate of hypercholesterolemia has steadily increased.
More than 3 out of 10 adults with hypercholesterolemia are unaware of their conditions.



Data: 2007-2020 KNHANES; adults aged 20+ years with hypercholesterolemia
Awareness: self-reported physician-diagnosed hypercholesterolemia or dyslipidemia.

Awareness rate of hypercholesterolemia by sex

2007-2020
trend

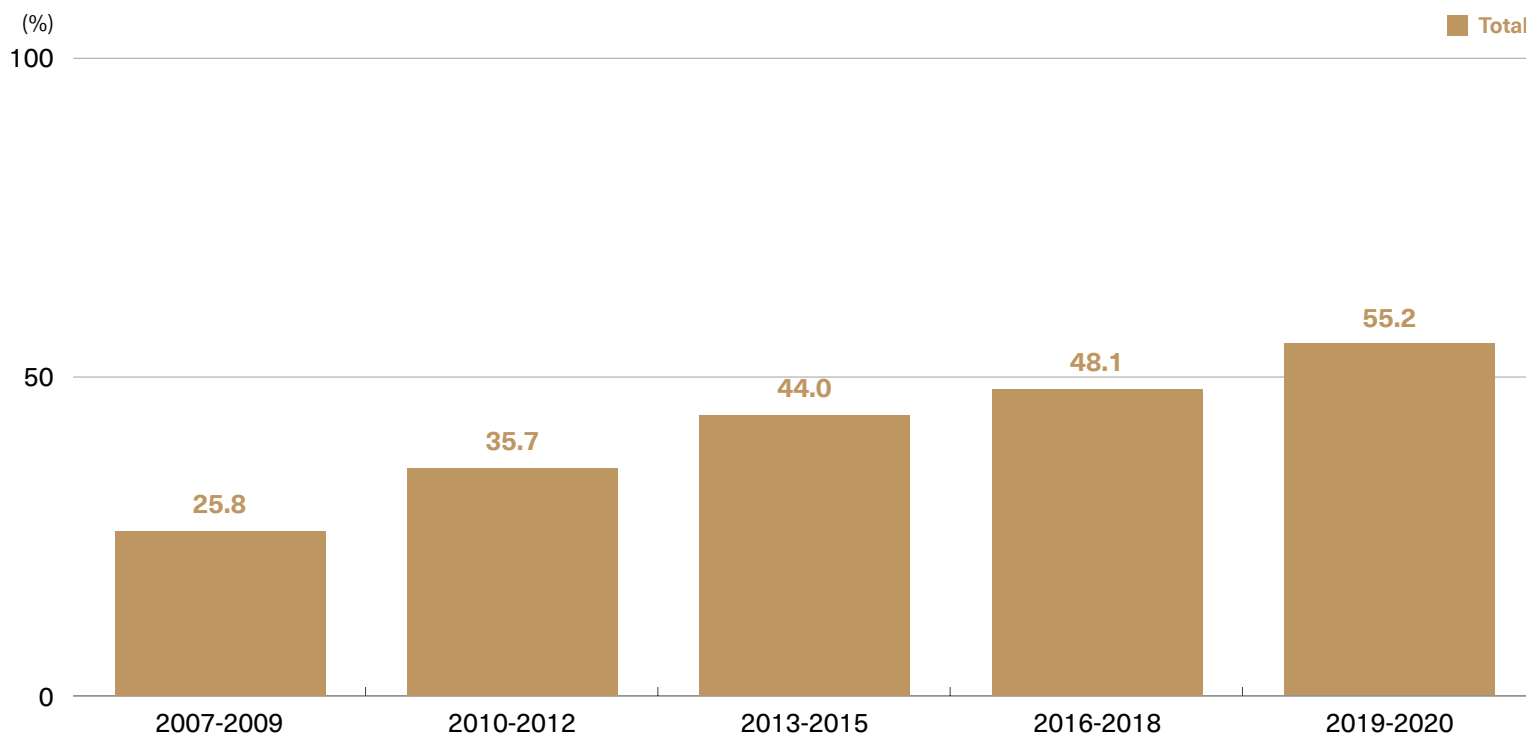


Data: 2007-2020 KNHANES; adults aged 20+ years with hypercholesterolemia
Awareness: self-reported physician-diagnosed hypercholesterolemia or dyslipidemia.

Treatment rate of hypercholesterolemia

2007-2020
trend

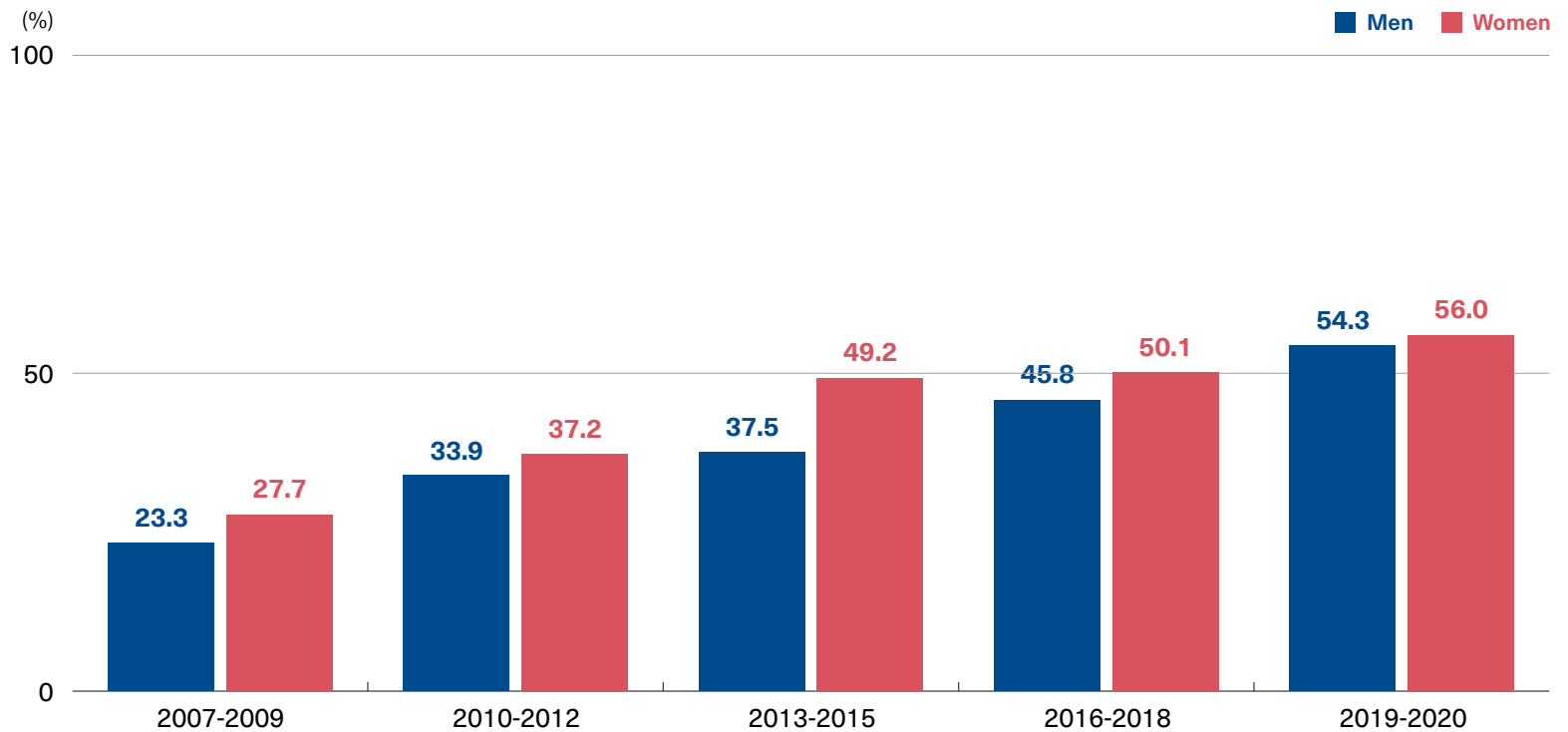
The treatment rate of hypercholesterolemia has steadily increased. About half of adults with hypercholesterolemia take medications.



Data: 2007-2020 KNHANES; adults aged 20+ years with hypercholesterolemia
Treatment: self-reported use of a lipid-lowering drug.

Treatment rate of hypercholesterolemia by sex

2007-2020
trend

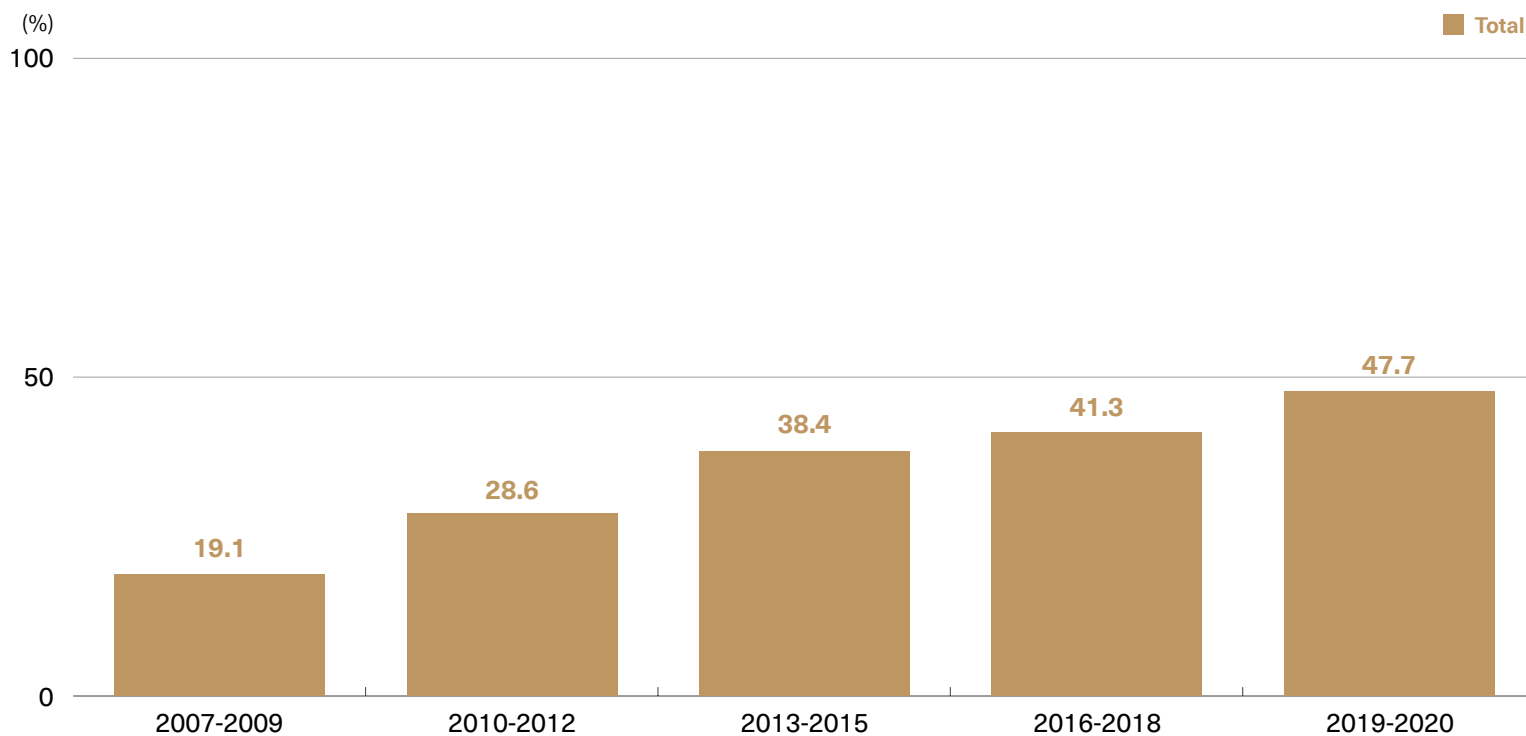


Data: 2007-2020 KNHANES; adults aged 20+ years with hypercholesterolemia
Treatment: self-reported use of a lipid-lowering drug.

Control rate of hypercholesterolemia

2007-2020
trend

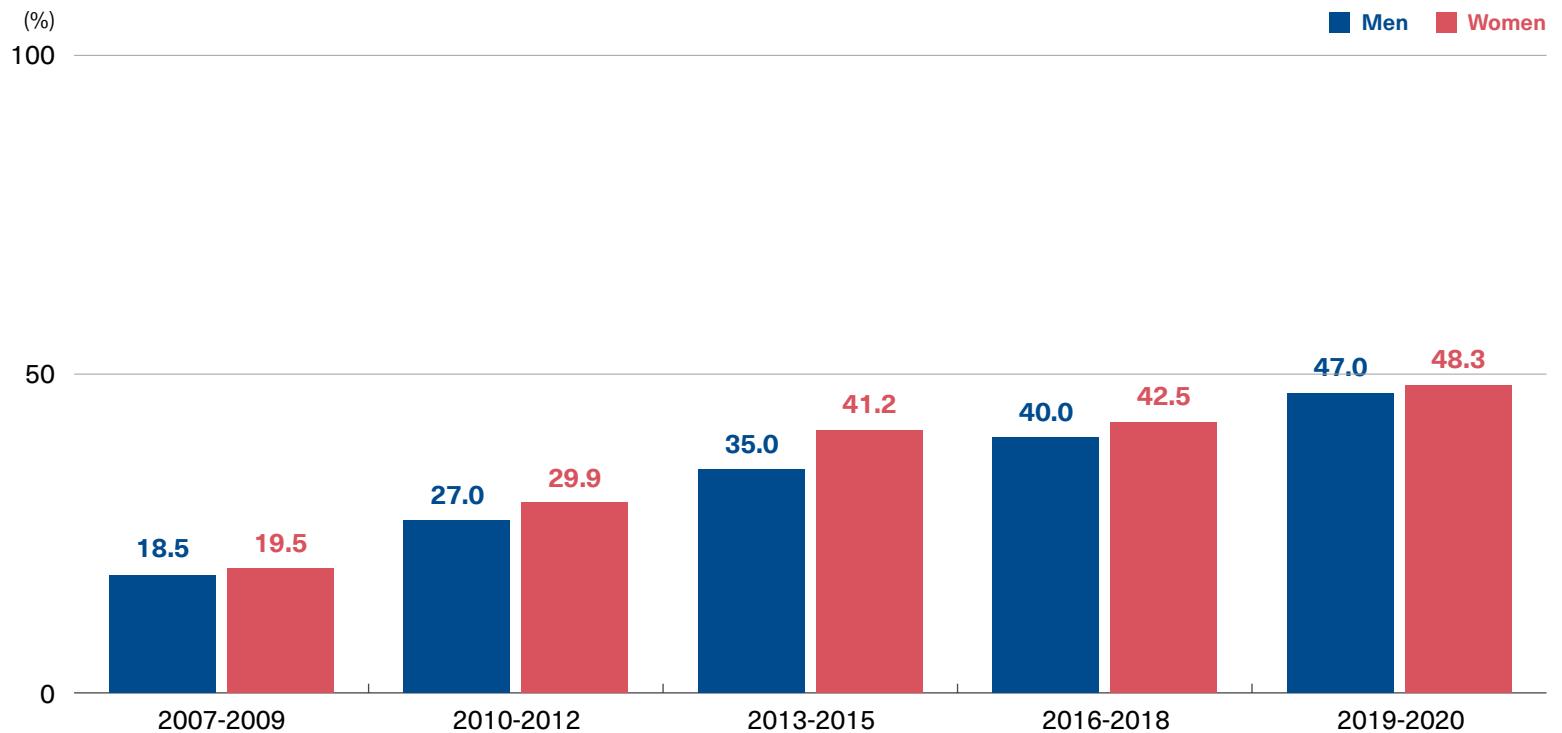
The control rate of hypercholesterolemia has more than doubled.
However, fewer than half of adults with hypercholesterolemia maintain blood cholesterol below 200 mg/dL.



Data: 2007-2020 KNHANES; adults aged 20+ years with hypercholesterolemia
Control: total cholesterol <200 mg/dL

Control rate of hypercholesterolemia by sex

2007-2020 trend

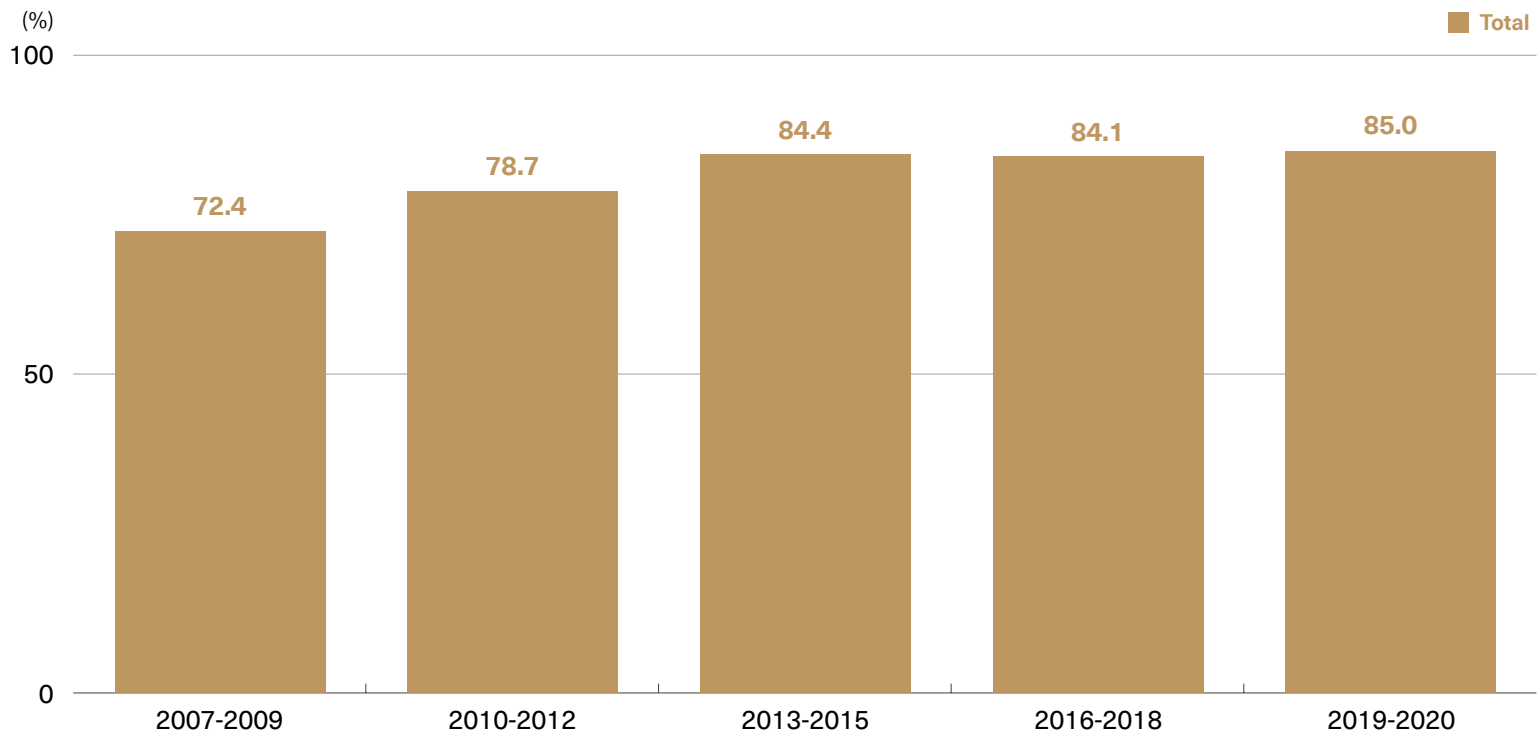


Data: 2007-2020 KNHANES; adults aged 20+ years with hypercholesterolemia
Control: total cholesterol <200 mg/dL.

Control rate among adults treated for hypercholesterolemia

2007-2020 trend

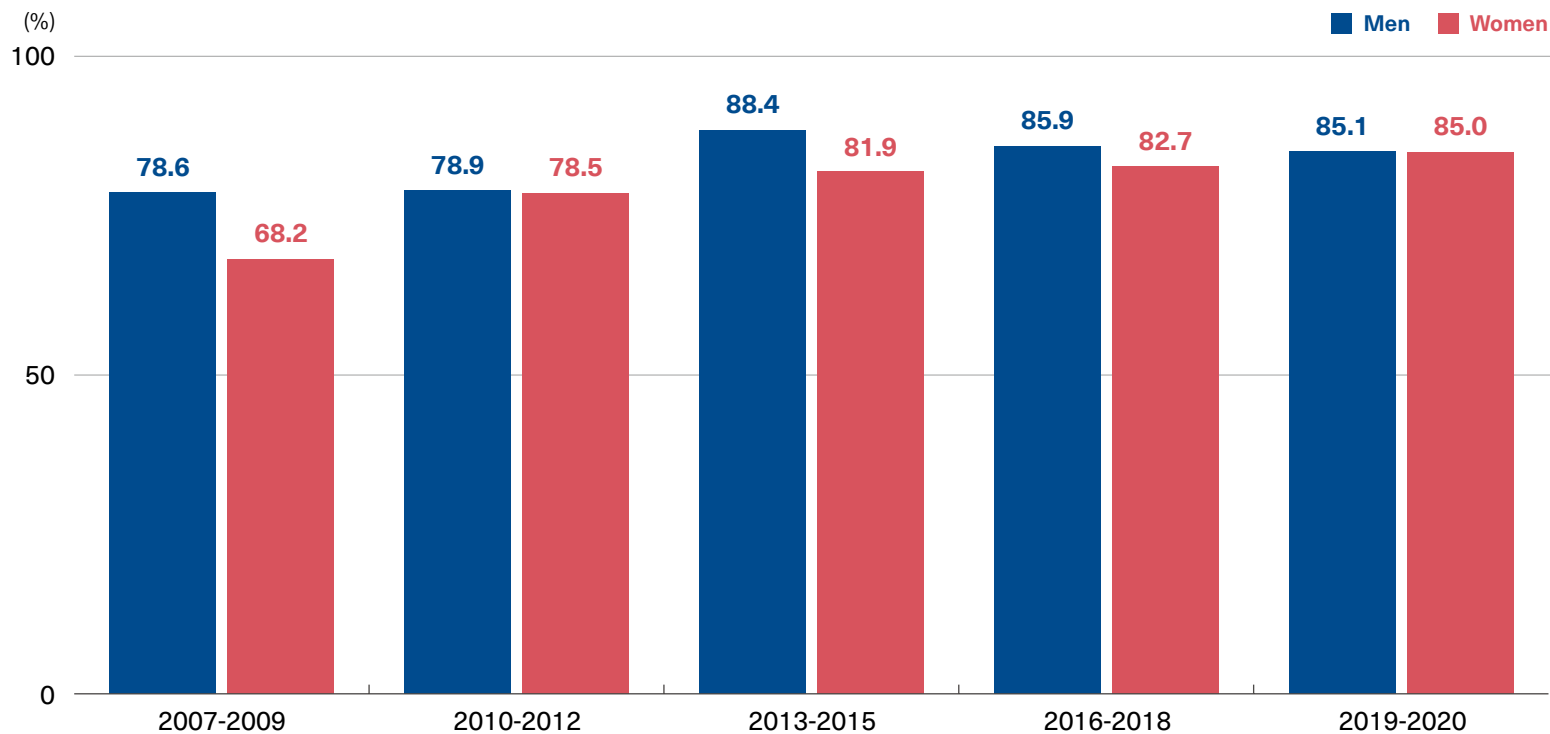
The control rate among adults receiving treatment for hypercholesterolemia has slightly increased. 85% of lipid-lowering drug users maintain blood cholesterol levels below 200 mg/dL.



Data: 2007-2020 KNHANES; adults aged 20+ years who are treated for hypercholesterolemia
Control: total cholesterol <200 mg/dL.

Control rate among adults treated for hypercholesterolemia by sex

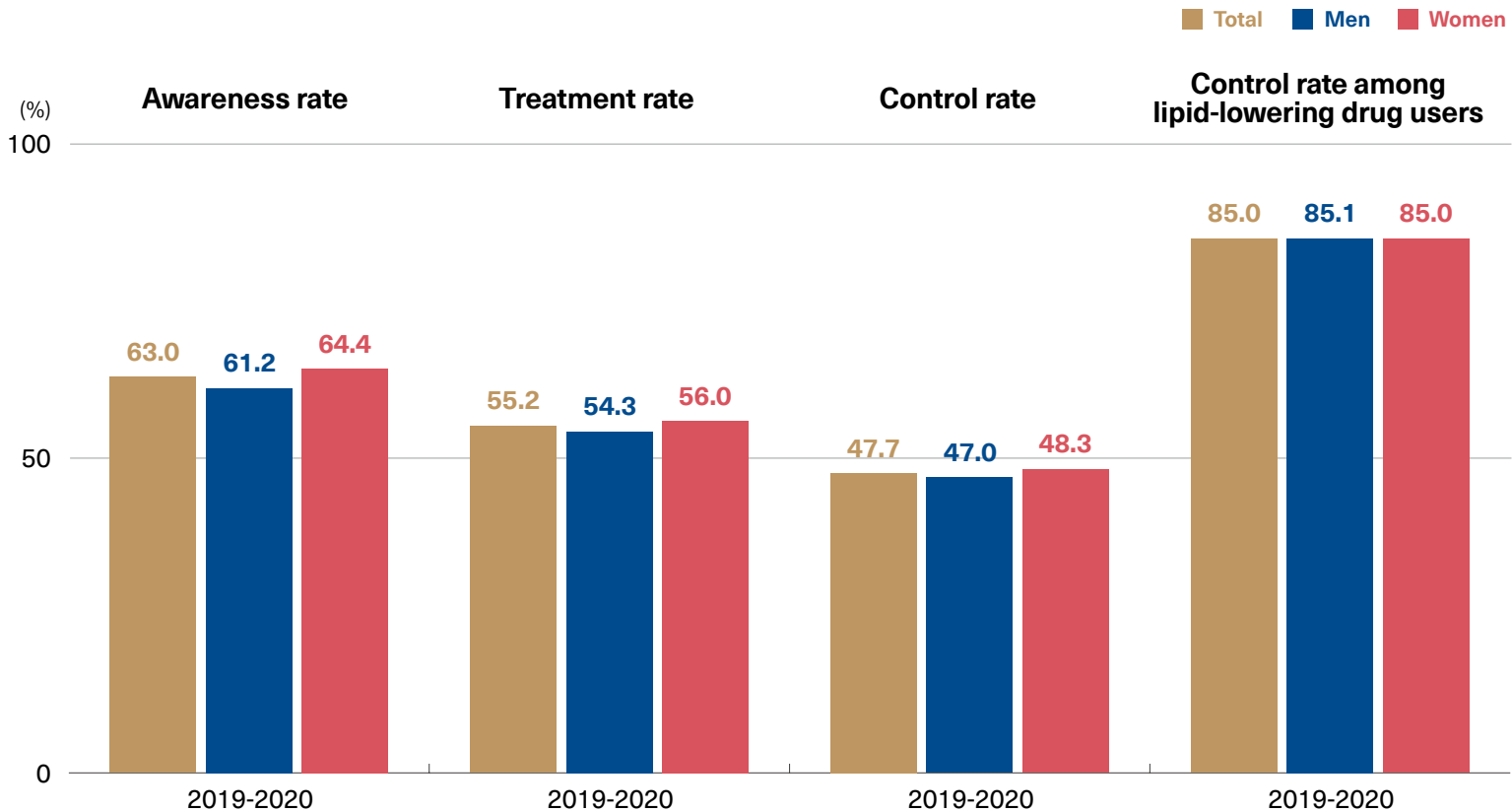
2007-2020
trend



Data: 2007-2020 KNHANES; adults aged 20+ years who are receiving treatment for hypercholesterolemia
Control: total cholesterol <200 mg/dL.

Summary of management of hypercholesterolemia

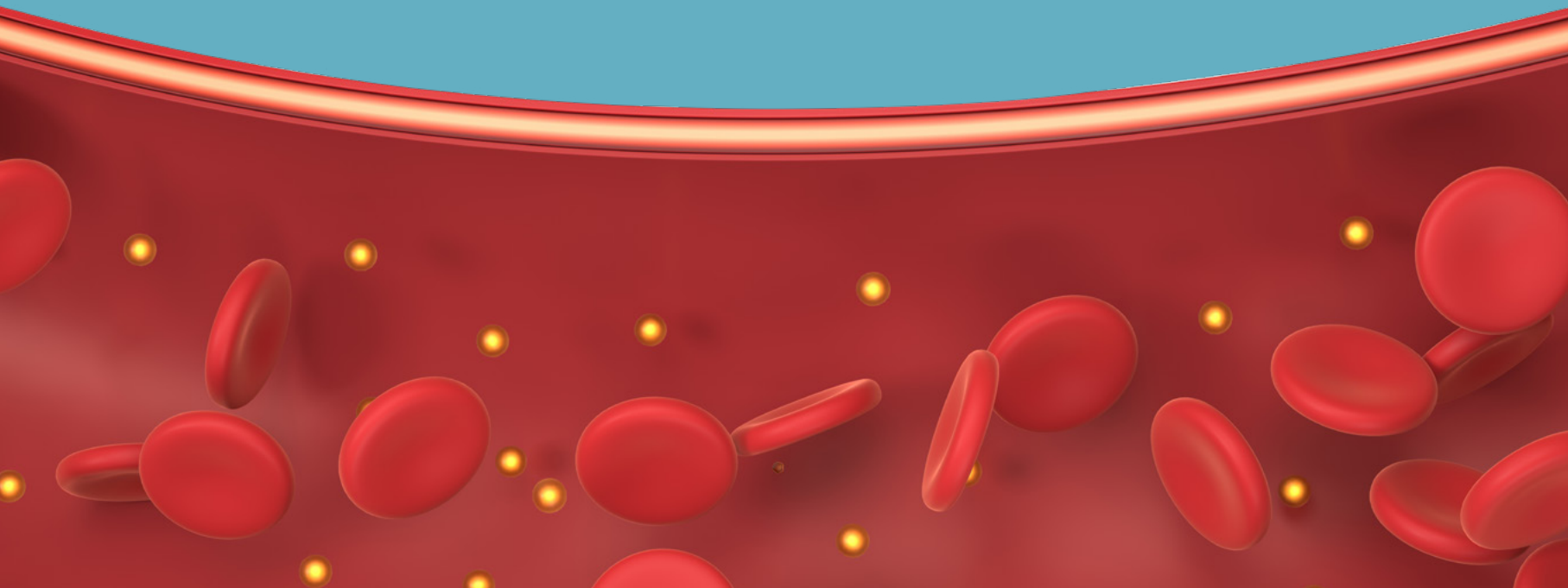
2019-2020
average



Data: 2019-2020 KNHANES; adults aged 20+ years with hypercholesterolemia
Hypercholesterolemia: total cholesterol ≥ 240 mg/dL or taking a lipid-lowering drug.
Awareness: self-reported physician-diagnosed hypercholesterolemia or dyslipidemia

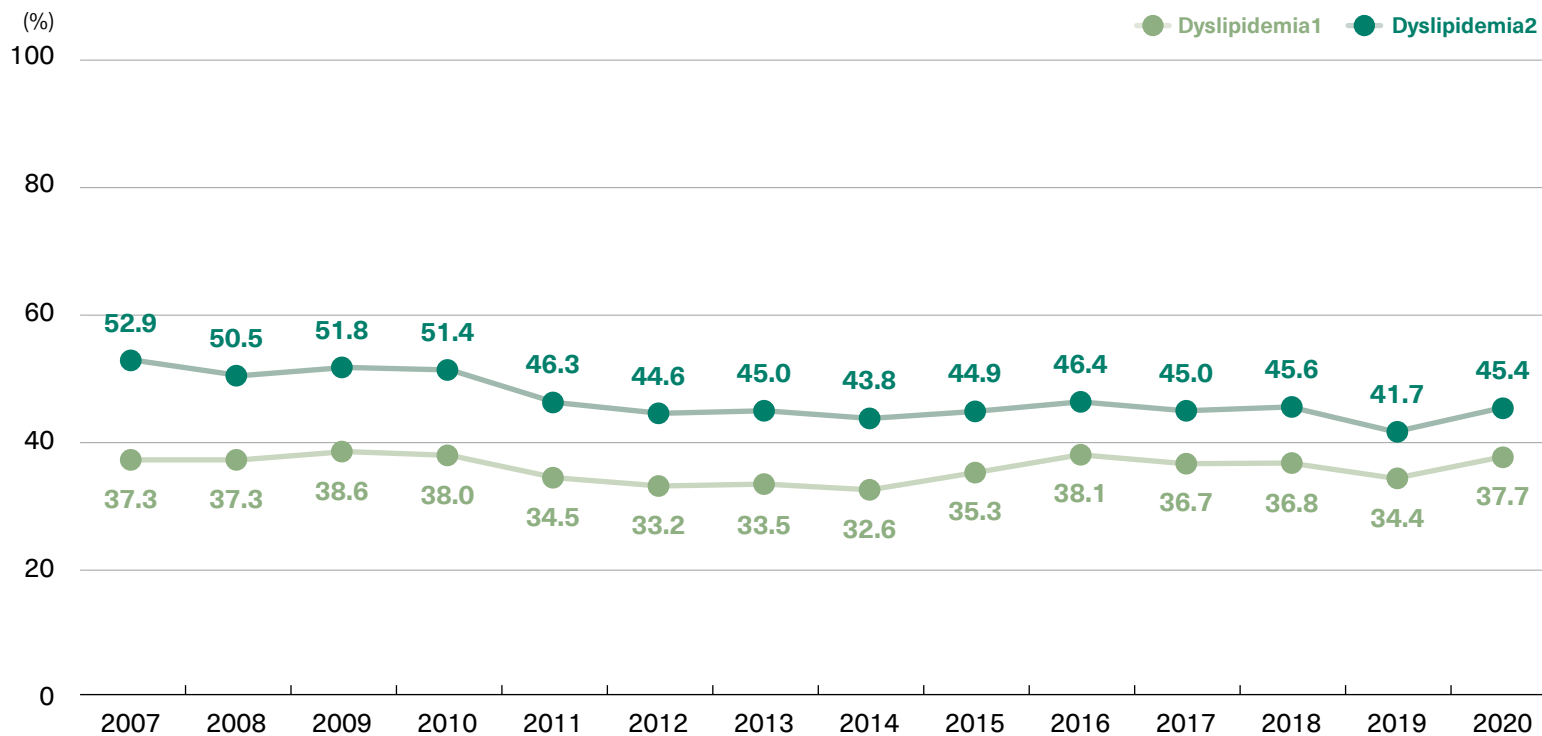
Treatment: self-reported use of a lipid-lowering drug.
Control: total cholesterol < 200 mg/dL.

Prevalence of dyslipidemia in Korean adults



Age-standardized prevalence of dyslipidemia

2007-2020 trend



Data: 2007-2020 KNHANES; adults aged 20+ years; standardized to the 2005 Korean population

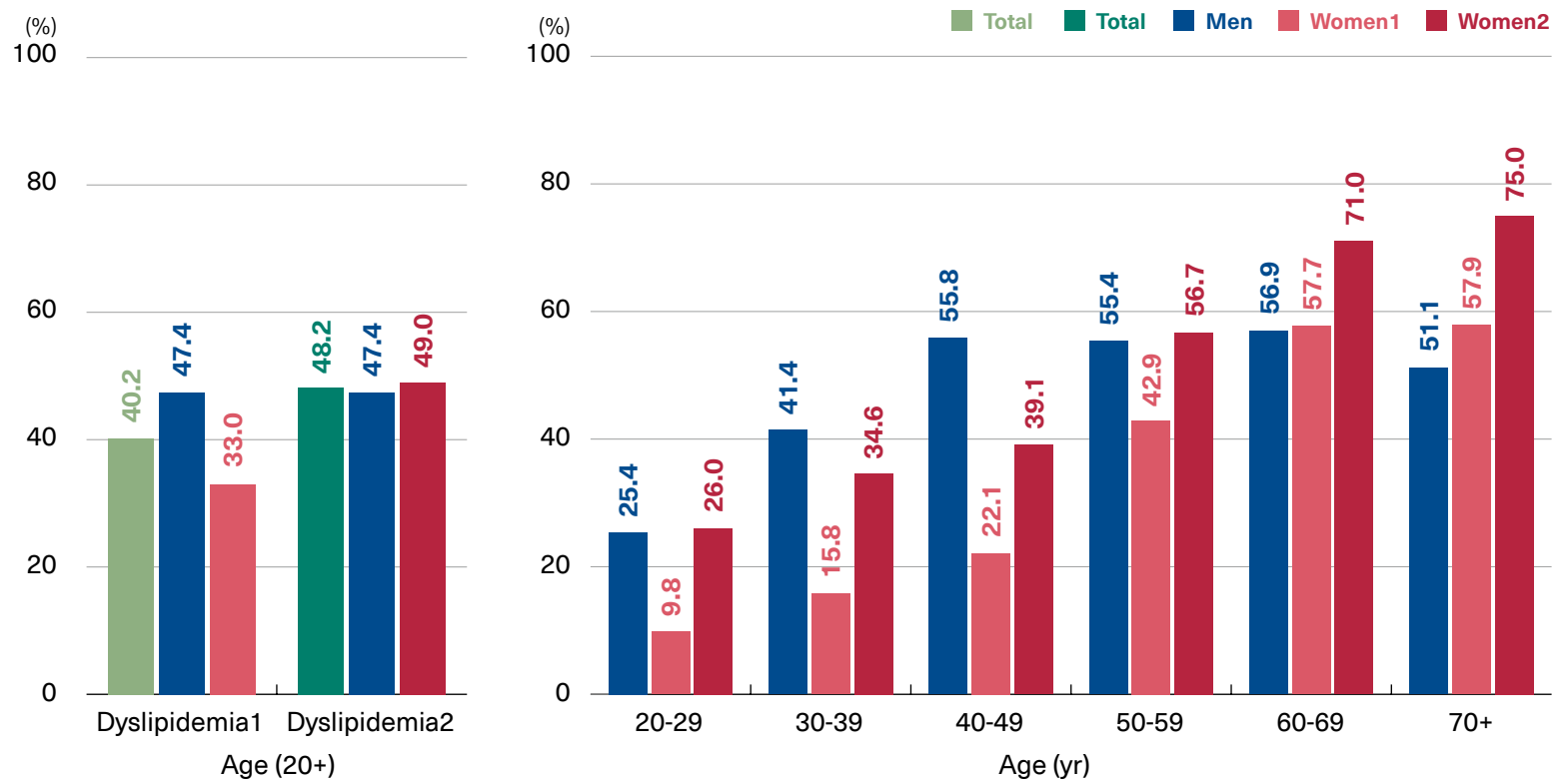
Dyslipidemia 1: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (<40 mg/dL in men and women).

Dyslipidemia 2: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (<40 mg/dL in men; <50 mg/dL in women).

Crude prevalence of dyslipidemia by sex and age

2016-2020 average

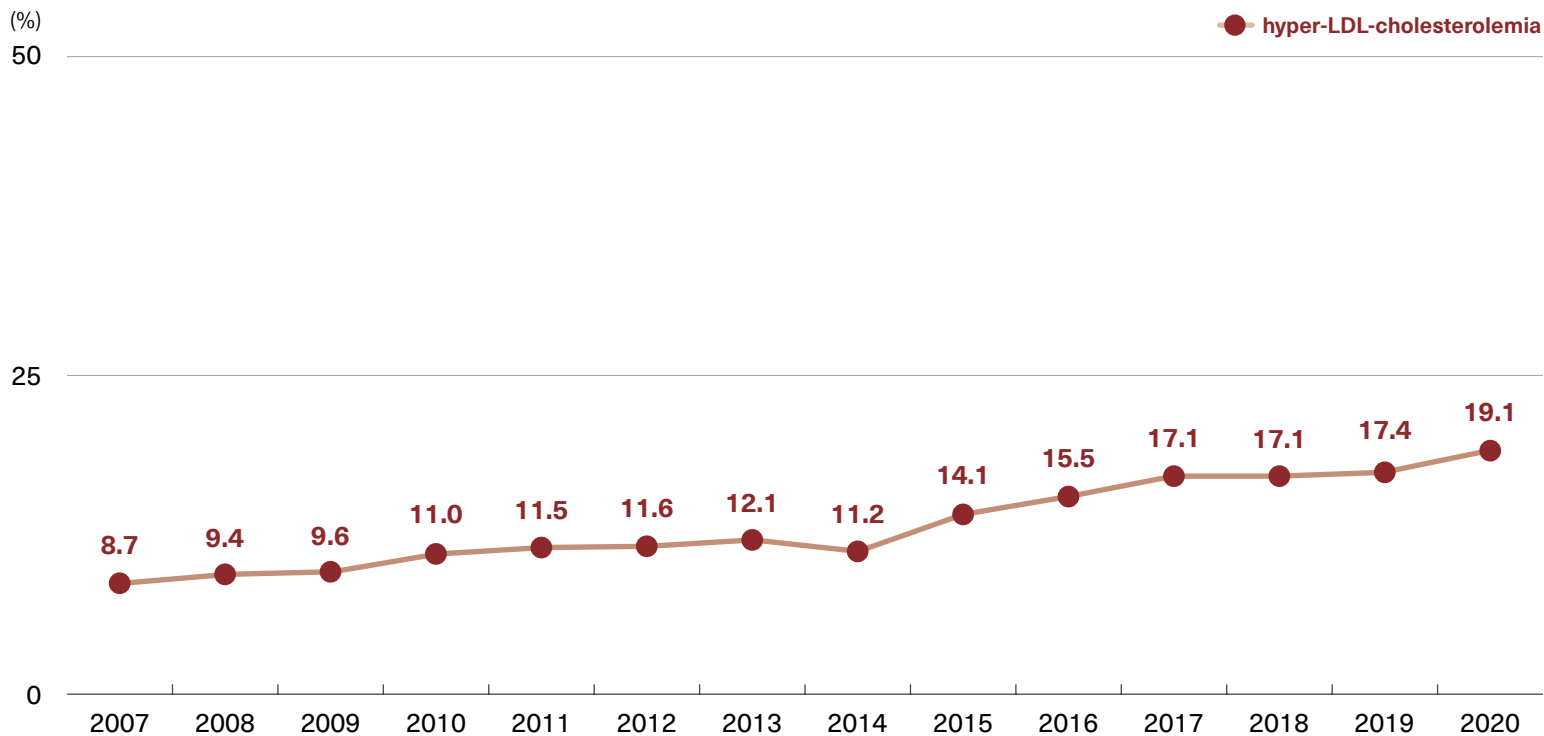
If hypo-HDL-cholesterolemia is defined as <40 mg/dL in both men and women, the prevalence of dyslipidemia is 40%.
 If hypo-HDL-cholesterolemia is defined as <40 mg/dL in men and <50 mg/dL in women, the prevalence of dyslipidemia is 48%.



Data: 2016-2020 KNHANES; adults aged 20+ years
Dyslipidemia 1: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (<40 mg/dL in men and women).
Dyslipidemia 2: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (<40 mg/dL in men; <50 mg/dL in women).

Age-standardized prevalence of hyper-LDL-cholesterolemia

2007-2020
trend

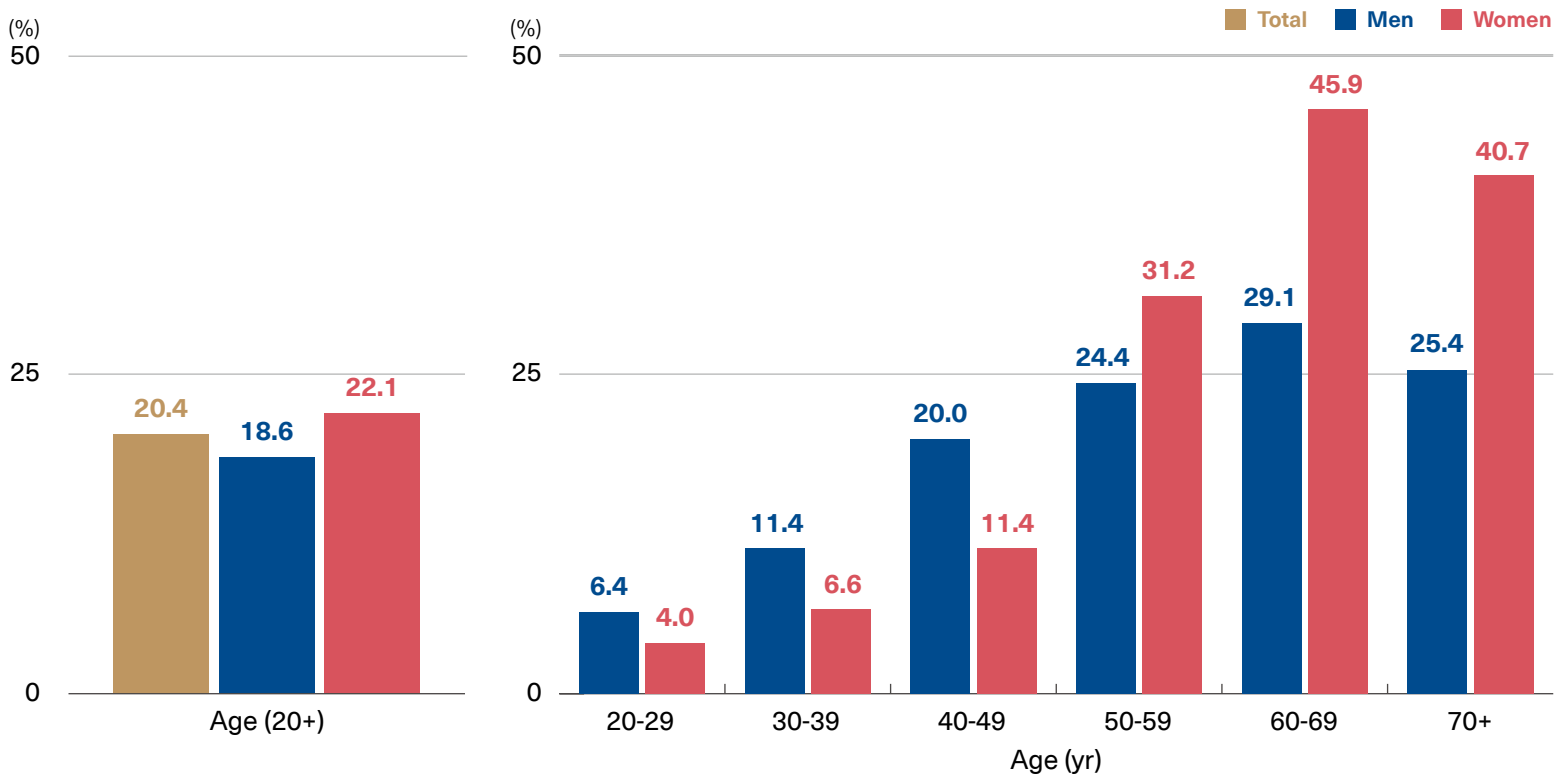


Data: 2007-2020 KNHANES; adults aged 20+ years; standardized to the 2005 Korean population
Hyper-LDL-cholesterolemia: LDL-cholesterol \geq 160 mg/dL or taking a lipid-lowering drug

Crude prevalence of hyper-LDL-cholesterolemia by sex and age

2016–2020
average

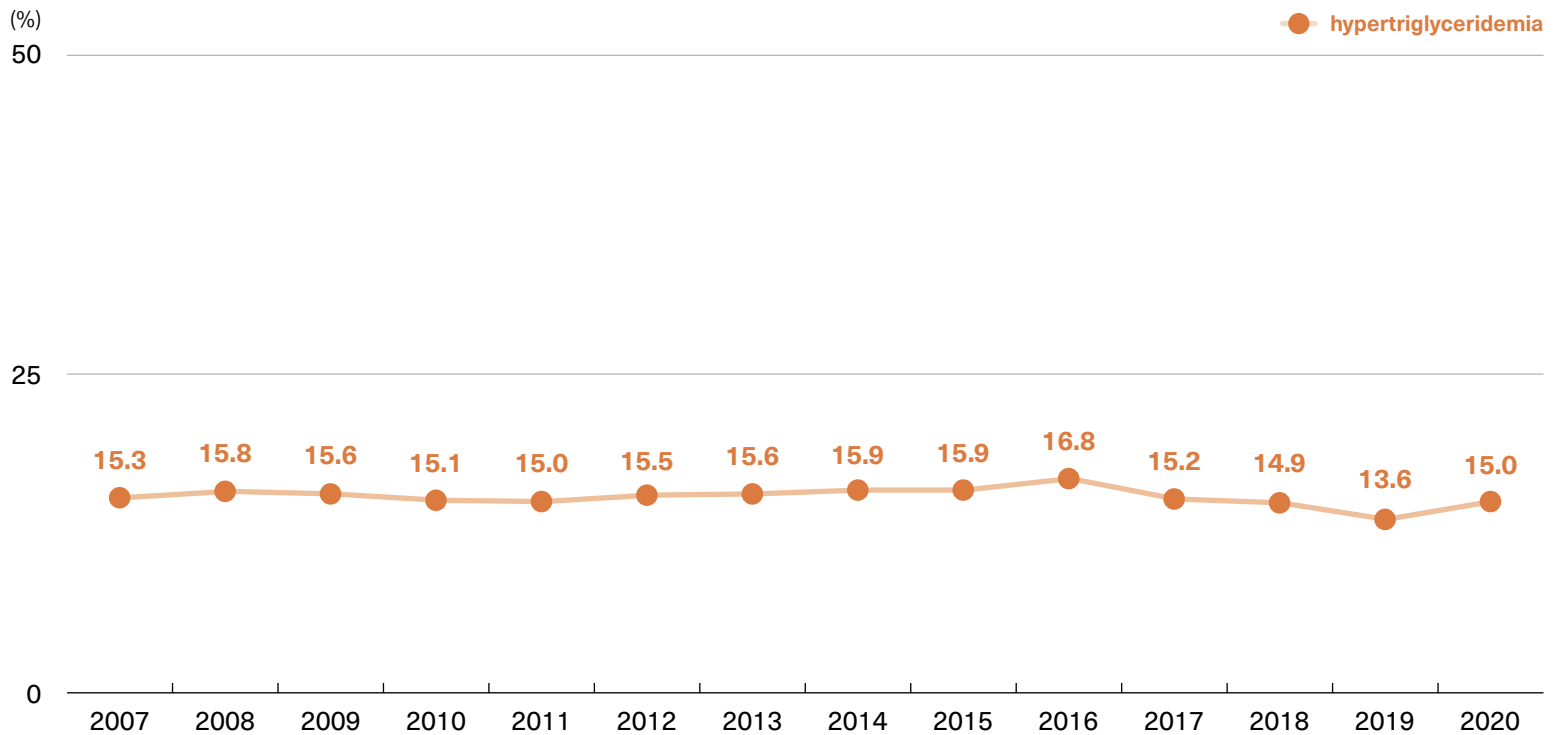
Nearly 1 out of 5 adults has hyper-LDL-cholesterolemia, and this proportion increases with age. After age 50, women have a higher prevalence of hyper-LDL-cholesterolemia than men.



Data: 2016-2020 KNHANES; adults aged 20+ years
Hyper-LDL-cholesterolemia: LDL-cholesterol \geq 160 mg/dL or taking a lipid-lowering drug

Age-standardized prevalence of hypertriglyceridemia

2007-2020
trend

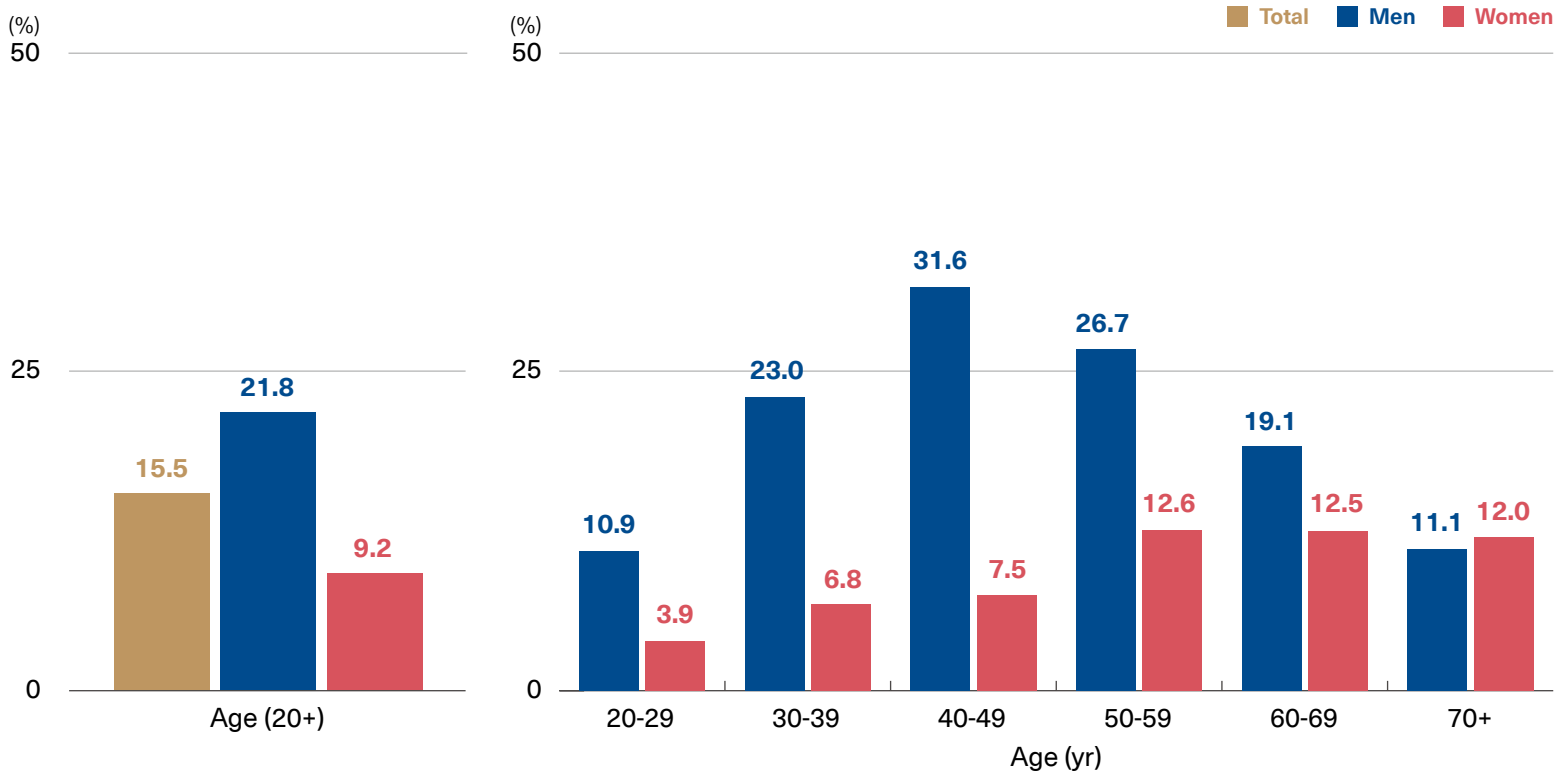


Data: 2007-2020 KNHANES; adults aged 20+ years; standardized to the 2005 Korean population
Hypertriglyceridemia: triglyceride \geq 200 mg/dL.

Crude prevalence of hypertriglyceridemia by sex and age

2016-2020 average

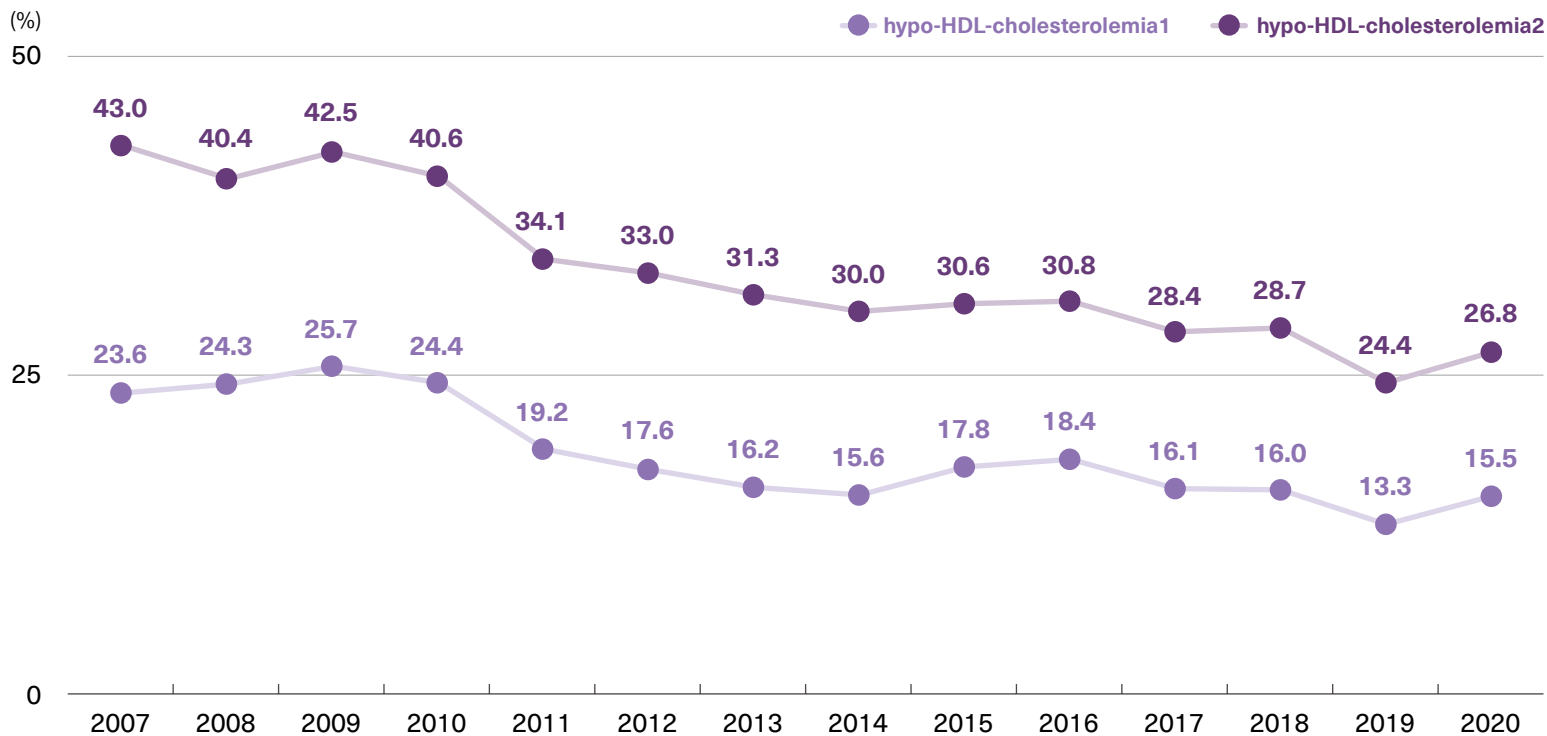
More than 15% of Korean adults have hypertriglyceridemia.
Men aged 40-49 have a 4x higher prevalence of hypertriglyceridemia than women.



Data: 2016-2020 KNHANES; adults aged 20+ years
Hypertriglyceridemia: triglyceride ≥ 200 mg/dL.

Age-standardized prevalence of hypo-HDL-cholesterolemia

2007-2020
trend



Data: 2007-2020 KNHANES; adults aged 20+ years; standardized to the 2005 Korean population

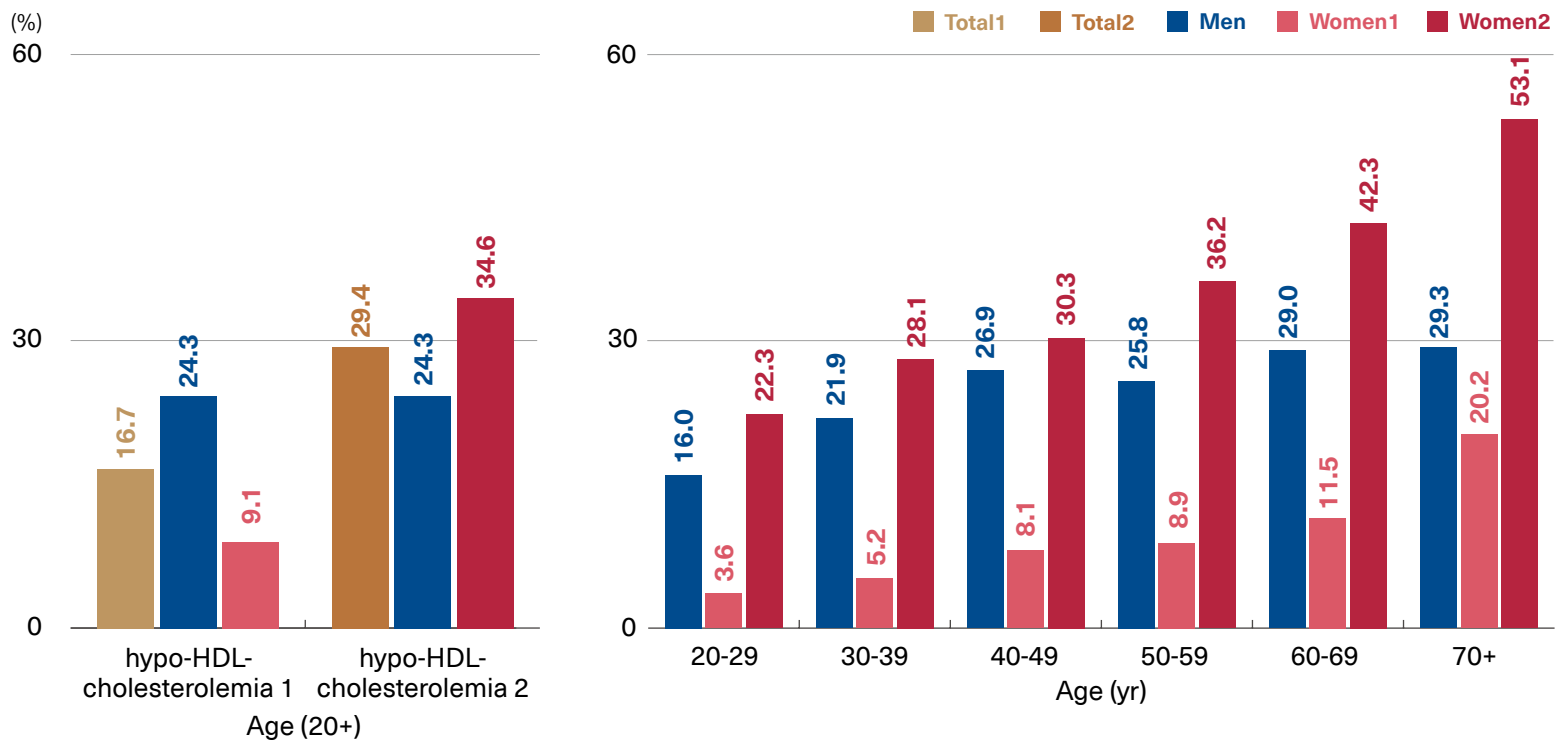
Hypo-HDL-cholesterolemia 1: HDL-cholesterol <40 mg/dL in men and women.

Hypo-HDL-cholesterolemia 2: HDL-cholesterol <40 mg/dL in men; <50 mg/dL in women.

Crude prevalence of hypo-HDL-cholesterolemia by sex and age

2016–2020 average

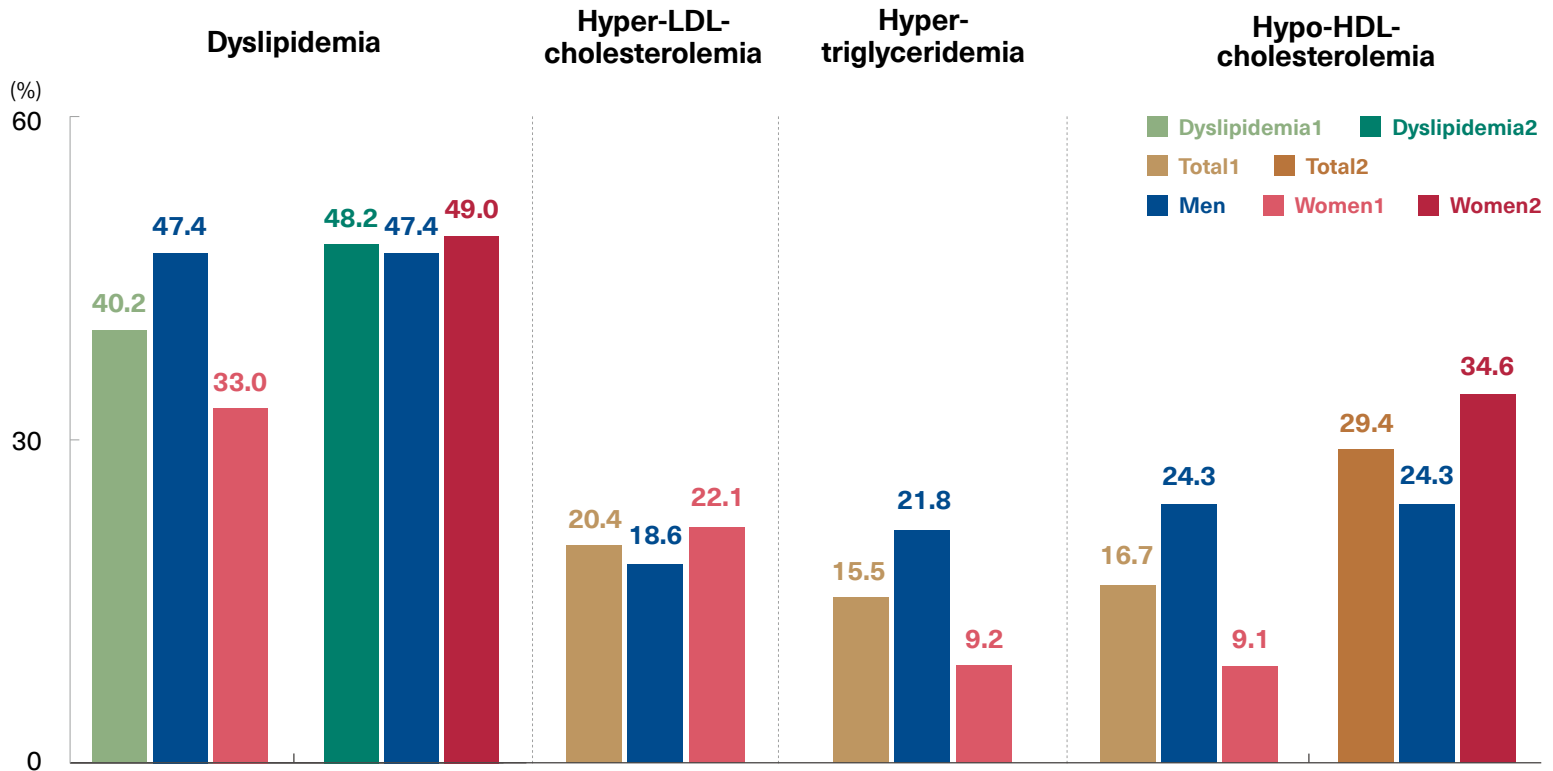
17% of Korean adults have hypo-HDL-cholesterolemia. This percentage increases to 29% when using the definition of <50 mg/dL for women. Women in their 50s have a 2x higher prevalence than women in their 20s.



Data: 2016-2020 KNHANES; adults aged 20+ years
 Hypo-HDL-cholesterolemia 1: HDL-cholesterol <40 mg/dL in men and women.
 Hypo-HDL-cholesterolemia 2: HDL-cholesterol <40 mg/dL in men; <50 mg/dL in women.

Prevalence of dyslipidemia and its components

2016–2020
average



Data: 2016-2020 KNHANES; adults aged 20+ years

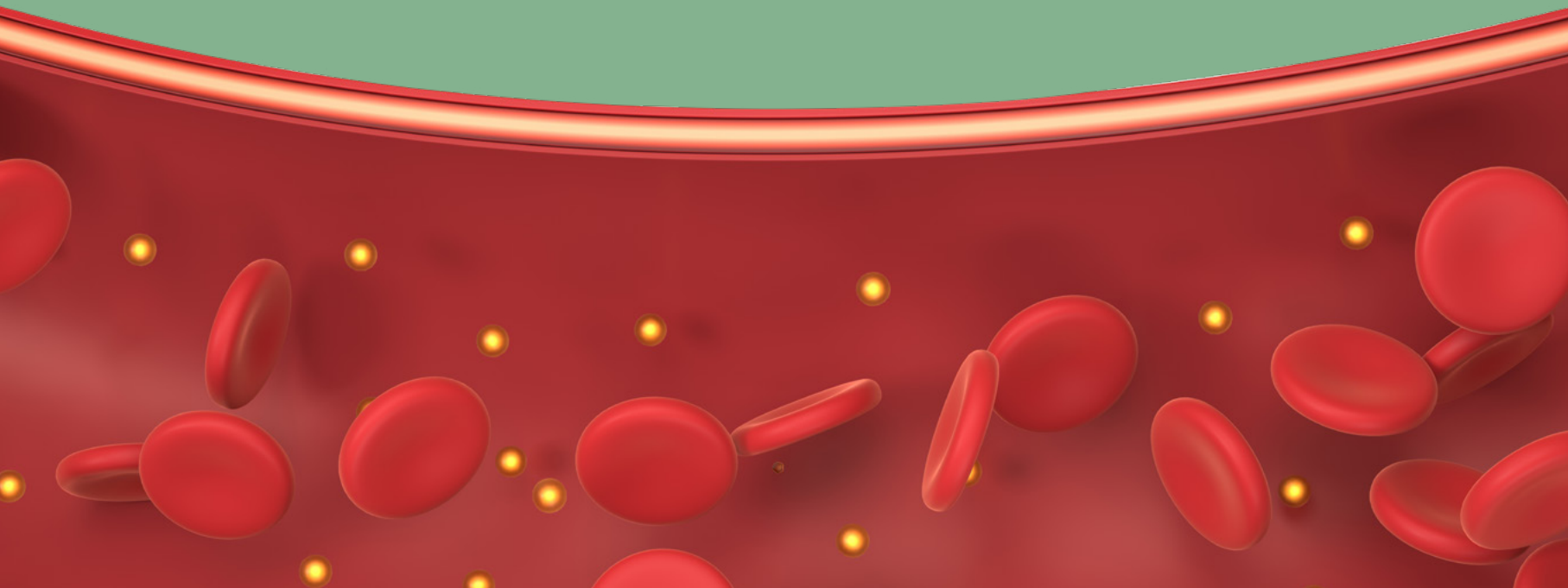
Dyslipidemia 1: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (<40 mg/dL in men and women).

Dyslipidemia 2: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (<40 mg/dL in men; <50 mg/dL in women).

Hypo-HDL-cholesterolemia 1: HDL-cholesterol <40 mg/dL in men and women.

Hypo-HDL-cholesterolemia 2: HDL-cholesterol <40 mg/dL in men; <50 mg/dL in women.

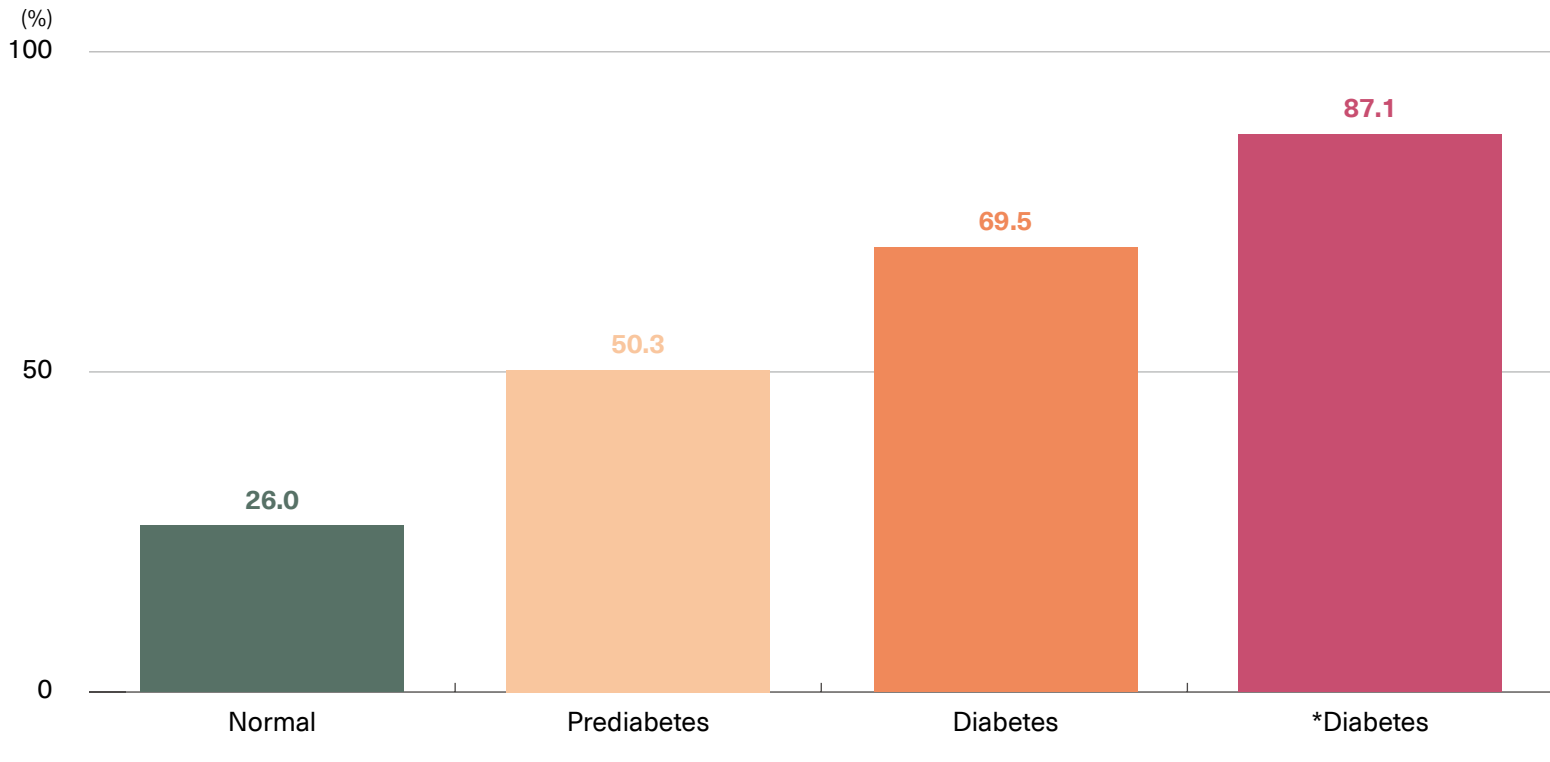
Dyslipidemia in specific populations



Prevalence of dyslipidemia according to diabetes status

People with diabetes have much higher risk of dyslipidemia than those without diabetes.

Almost 90% of people with diabetes have dyslipidemia if high LDL-cholesterol is defined as ≥ 100 mg/dL.



Data: 2016-2020 KNHANES; adults aged 20+ years

Prediabetes: fasting glucose 100-125 mg/dL or HbA1c 5.7-6.4%

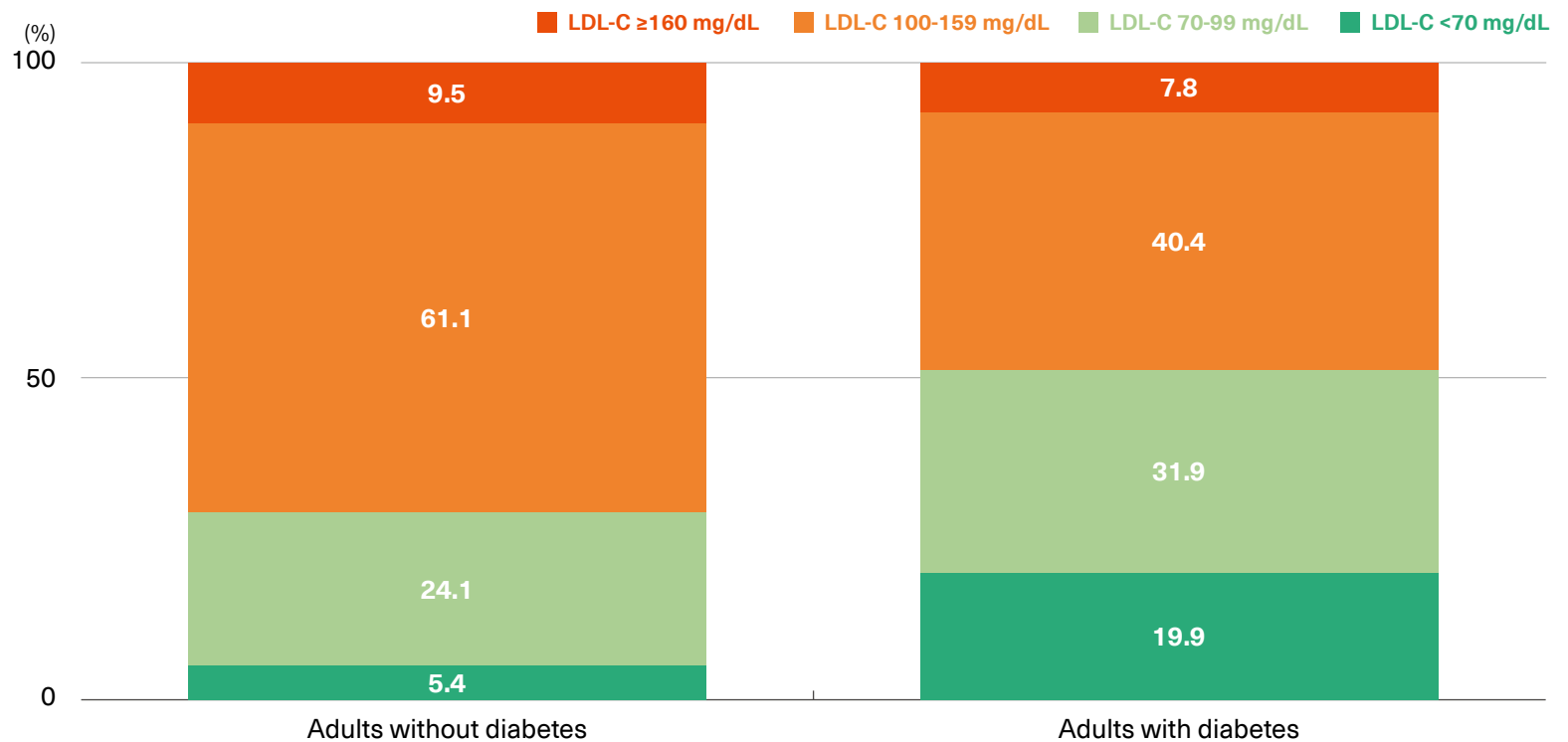
Diabetes: fasting glucose ≥ 126 mg/dL, HbA1c $\geq 6.5\%$, previously diagnosed, or taking glucose-lowering drugs or insulin

Dyslipidemia: LDL-cholesterol ≥ 160 mg/dL, triglyceride ≥ 200 mg/dL, HDL-cholesterol < 40 mg/dL, or taking a lipid-lowering drug

***Dyslipidemia:** LDL-cholesterol ≥ 100 mg/dL, triglyceride ≥ 200 mg/dL, HDL-cholesterol < 40 mg/dL, or taking a lipid-lowering drug

Distribution of LDL-cholesterol levels among adults with and without diabetes

Nearly half of people with diabetes have LDL-cholesterol levels higher than 100 mg/dL.

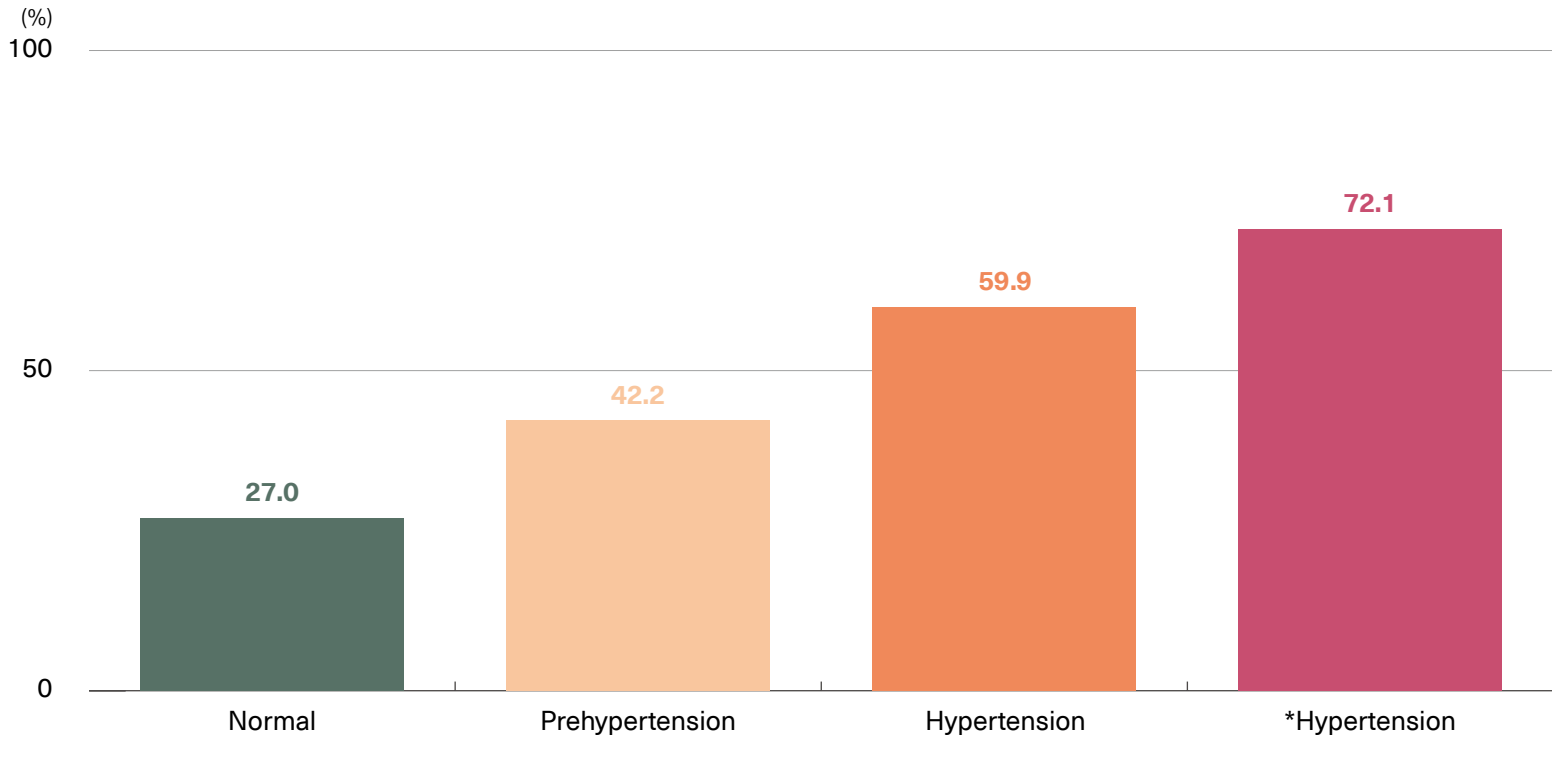


Data: 2016-2020 KNHANES; adults aged 20+ years

Diabetes: fasting glucose ≥126 mg/dL, HbA1c ≥6.5%, previously diagnosed, or taking glucose-lowering drugs or insulin

Prevalence of dyslipidemia according to hypertension status

People with hypertension have a much higher risk of dyslipidemia than those without hypertension. Almost 70% of people with hypertension have dyslipidemia if high LDL-cholesterol is defined as ≥ 130 mg/dL.



Data: 2016-2020 KNHANES; adults aged 20+ years

Prehypertension: SBP 120-139 mmHg or DBP 80-89 mmHg

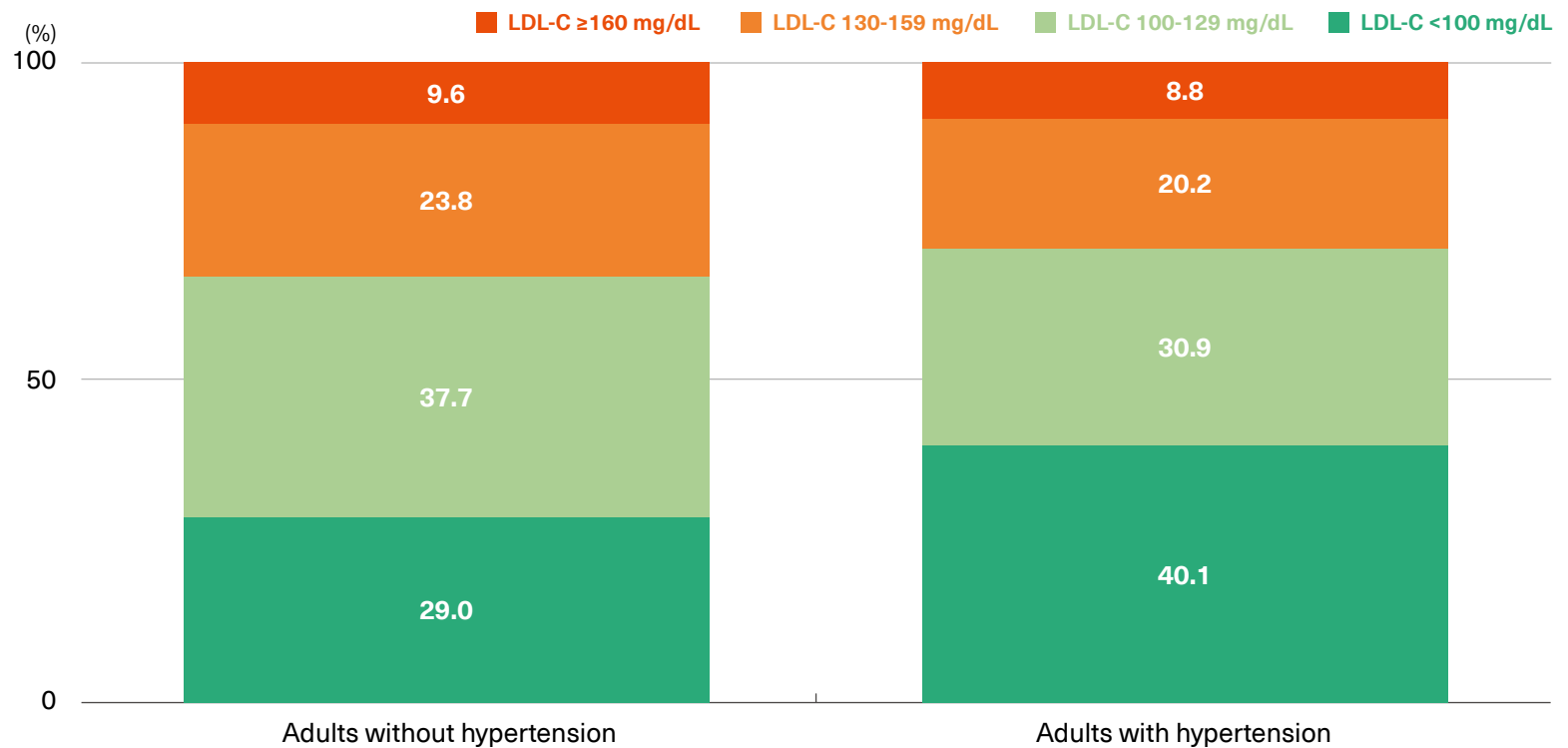
Hypertension: SBP ≥ 140 mmHg, DBP ≥ 90 mmHg, or taking a BP-lowering drug

Dyslipidemia: LDL-cholesterol ≥ 160 mg/dL, triglyceride ≥ 200 mg/dL, HDL-cholesterol < 40 mg/dL, or taking a lipid-lowering drug

*Dyslipidemia: LDL-cholesterol ≥ 130 mg/dL, triglyceride ≥ 200 mg/dL, HDL-cholesterol < 40 mg/dL, or taking a lipid-lowering drug

Distribution of LDL-cholesterol levels among adults with and without hypertension

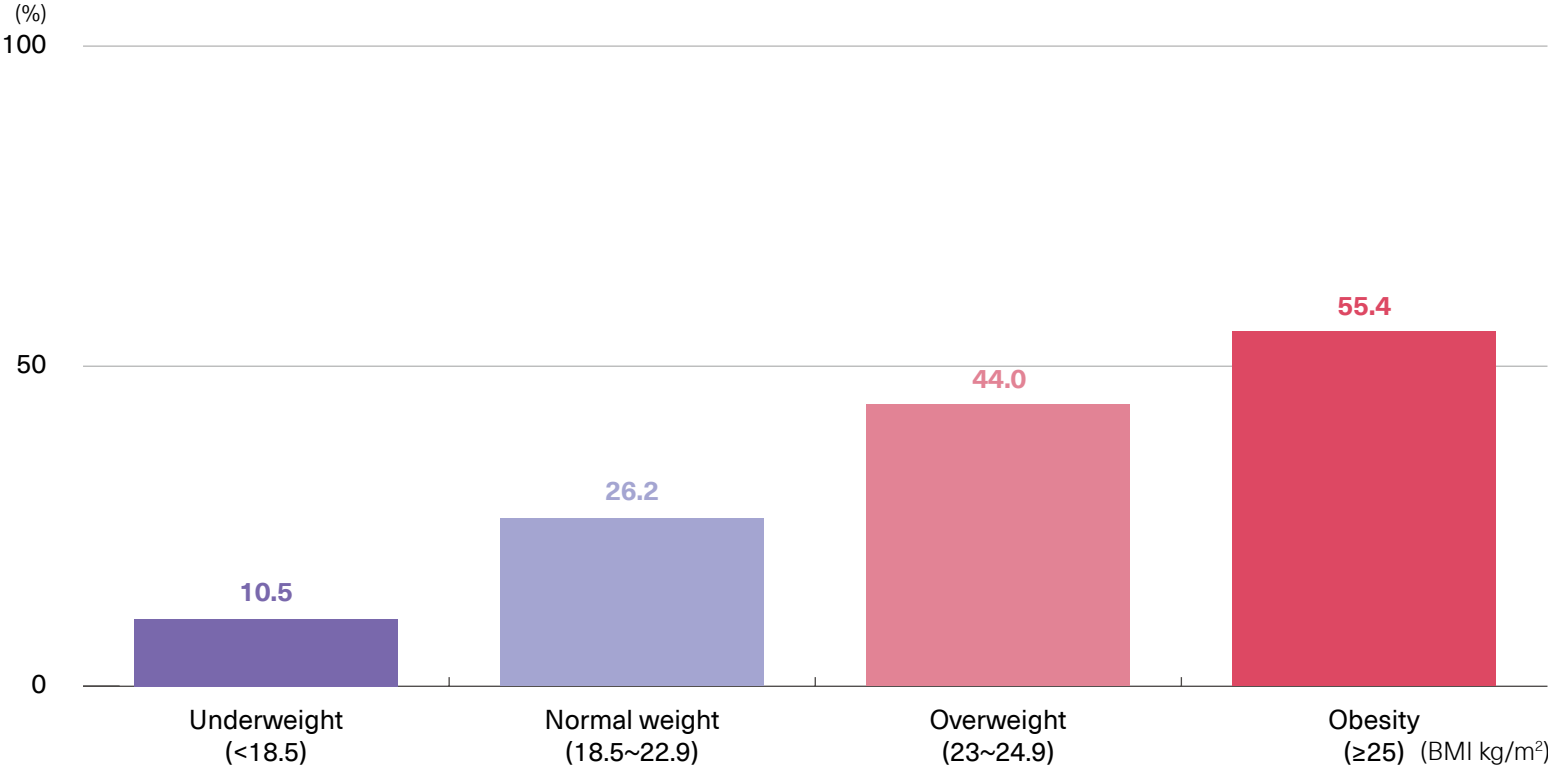
29% of people with hypertension have LDL-cholesterol levels higher than 130 mg/dL.



Data: 2016-2020 KNHANES; adults aged 20+ years
Hypertension: SBP ≥ 140 mmHg, DBP ≥ 90 mmHg, or taking a BP-lowering drug

Prevalence of Dyslipidemia according to Obesity status

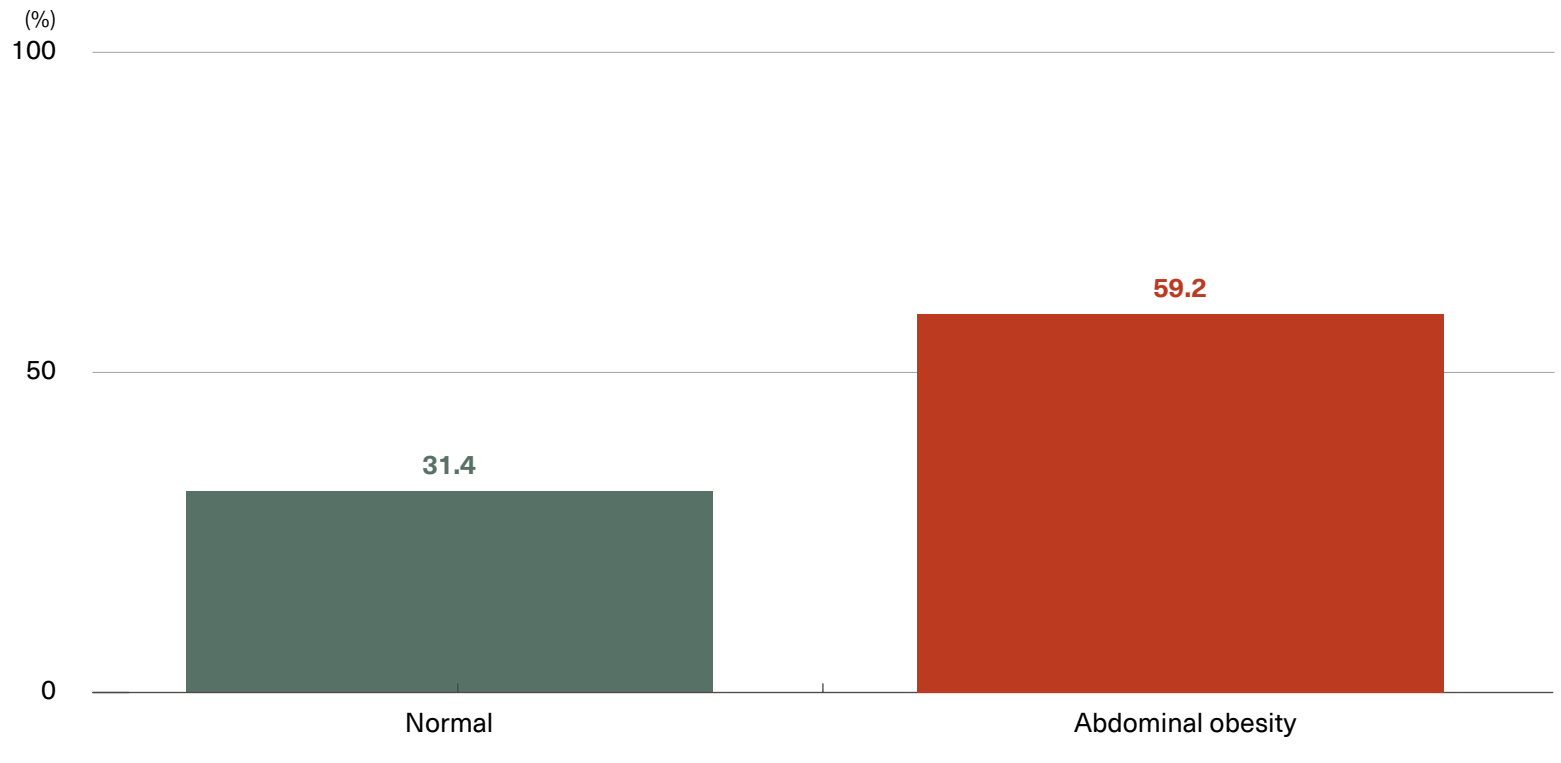
People with obesity have a 2x higher risk of dyslipidemia than those with normal weight.



Data: 2016-2020 KNHANES; adults aged 20+ years

Dyslipidemia: LDL-cholesterol ≥160 mg/dL, triglyceride ≥200 mg/dL, HDL-cholesterol <40 mg/dL, or taking a lipid-lowering drug

Prevalence of dyslipidemia among adults with and without abdominal obesity

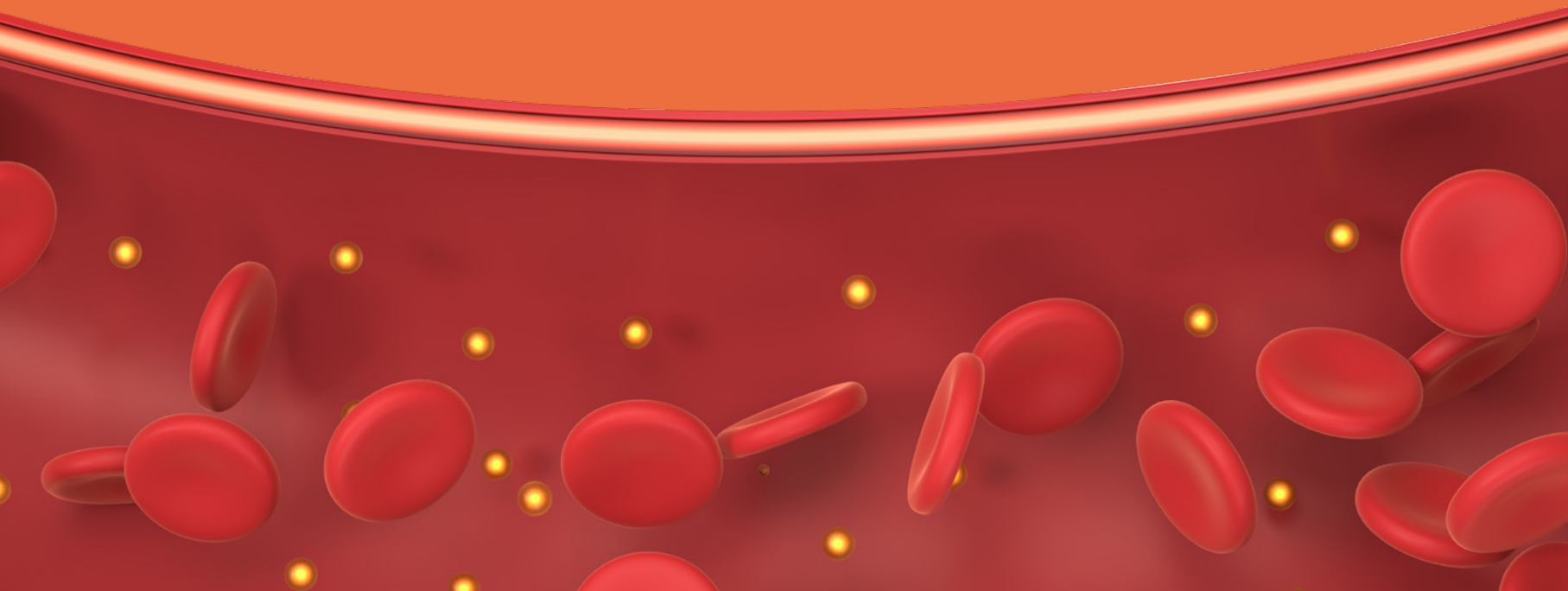


Data: 2016-2020 KNHANES; adults aged 20+ years

Abdominal obesity: waist circumference ≥ 90 cm in men; ≥ 85 cm in women.

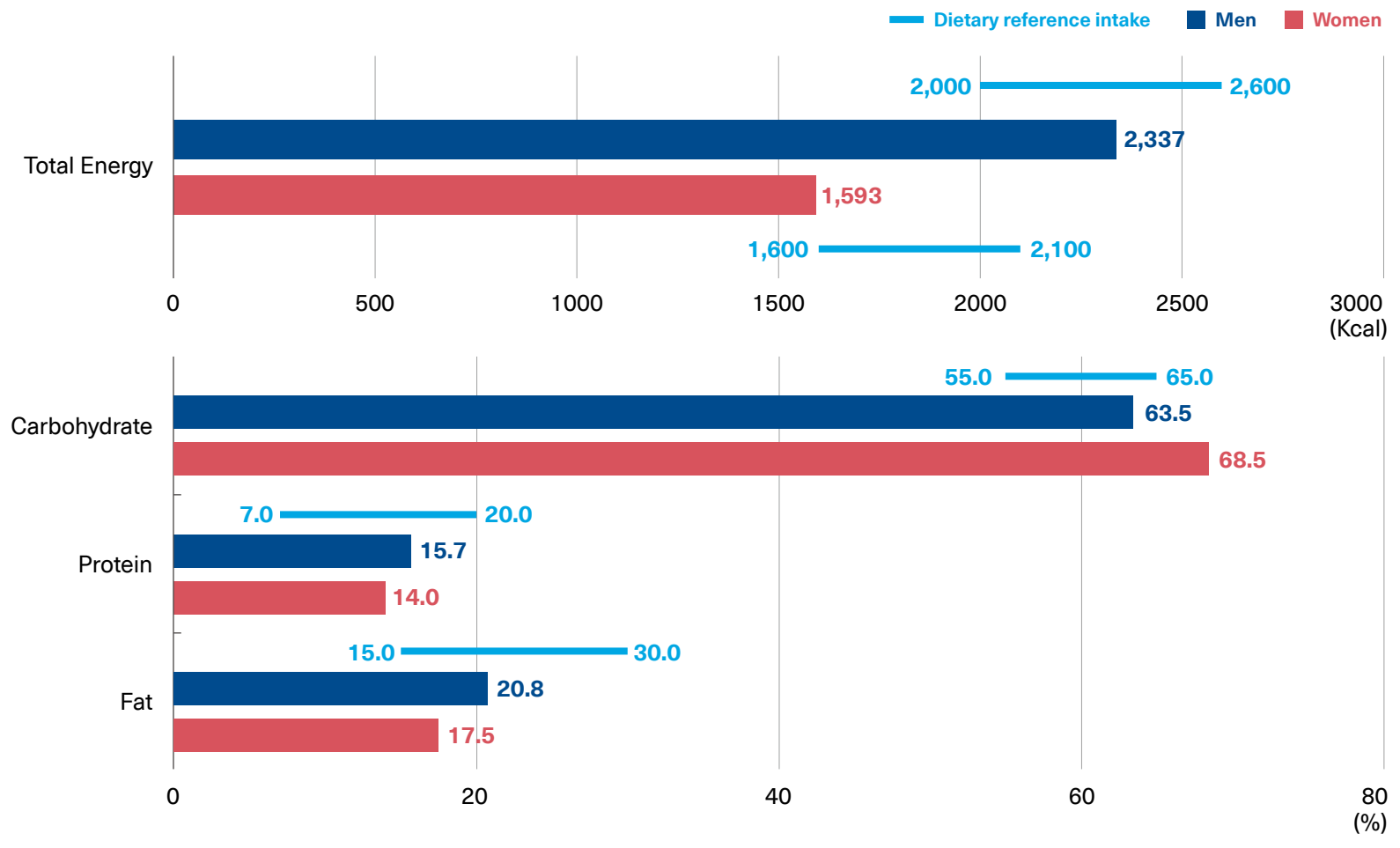
Dyslipidemia: LDL-cholesterol ≥ 160 mg/dL, triglyceride ≥ 200 mg/dL, HDL-cholesterol < 40 mg/dL, or taking a lipid-lowering drug

Health behaviors among adults with dyslipidemia



Dietary intake of energy and macronutrients among adults with dyslipidemia

2016-2018 average

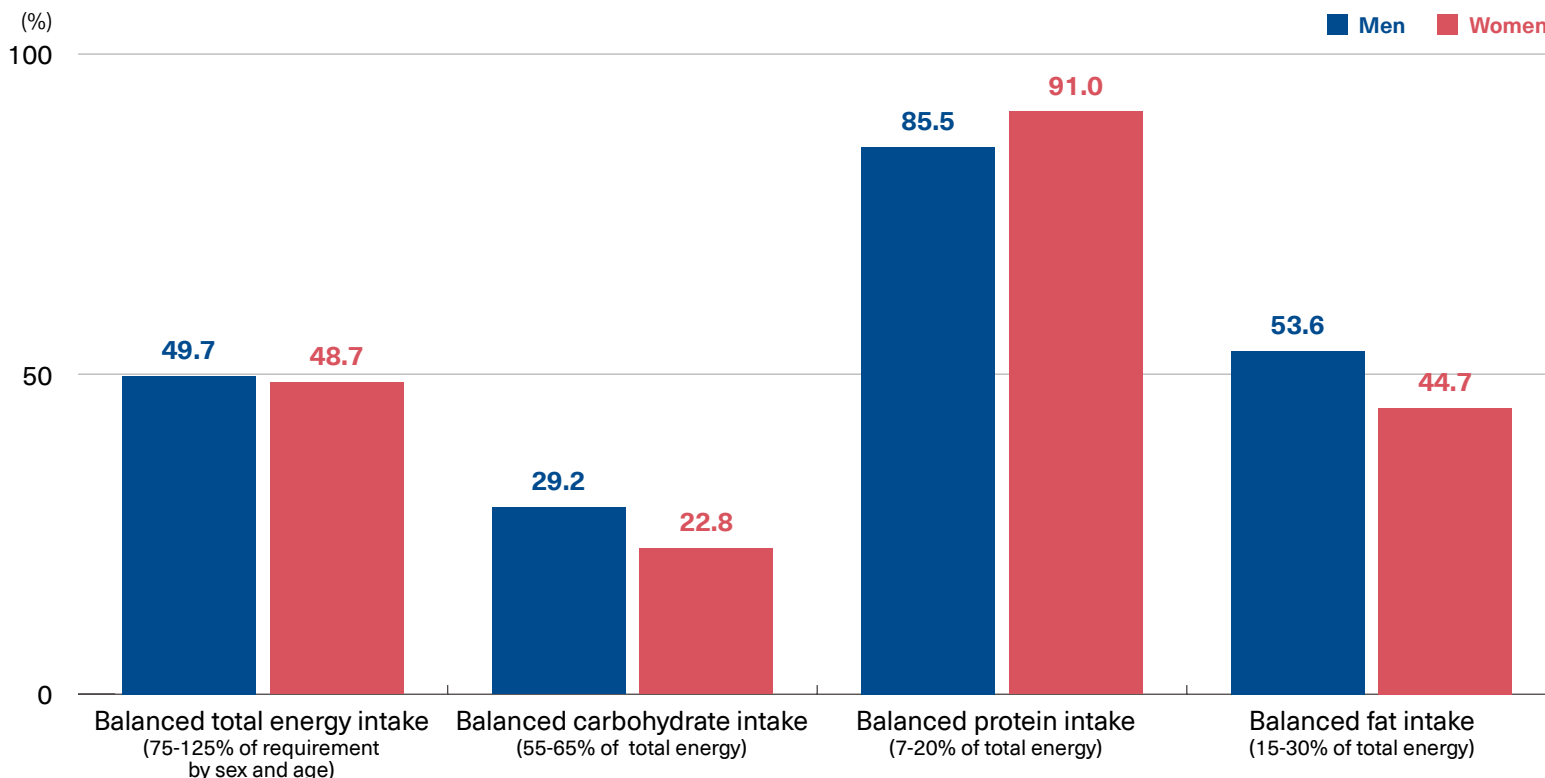


Data: 2016-2018 KNHANES; adults aged 20+ years with dyslipidemia

Proportion of Those Who Met the Criteria for Balanced Consumption among Adults with Dyslipidemia

2016–2018
average

About half of men and women with dyslipidemia meet the energy intake recommendations. Only 29% of men and 23% of women with dyslipidemia meet the carbohydrate intake recommendation.

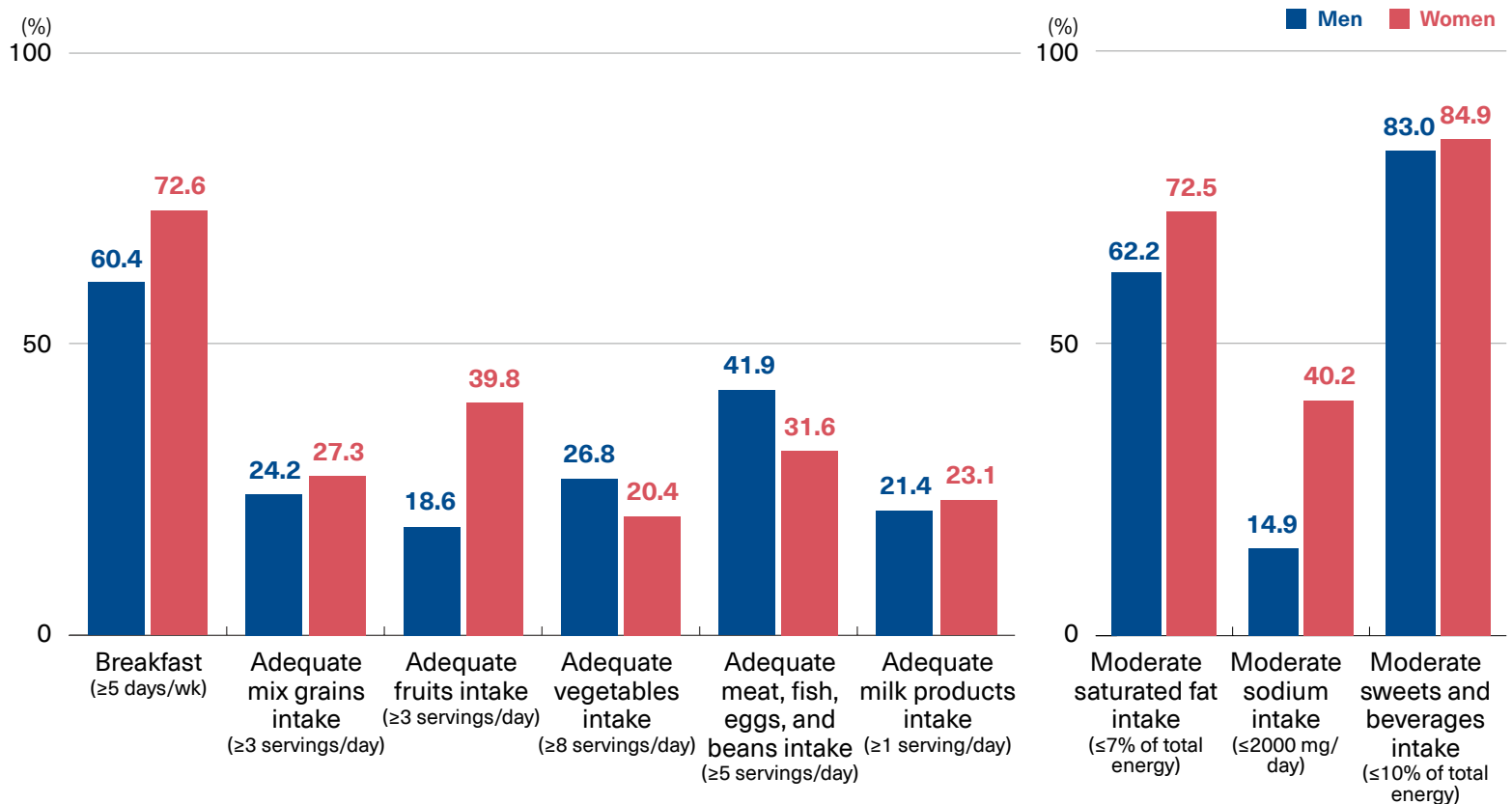


Data: 2016-2018 KNHANES; adults aged 20+ years with dyslipidemia

Distribution of desirable dietary habits among adults with dyslipidemia

2016–2018 average

Only 27% of men and 20% of women with dyslipidemia eat enough vegetables.
 About 40% of men and 30% of women with dyslipidemia consume more saturated fat than recommended.

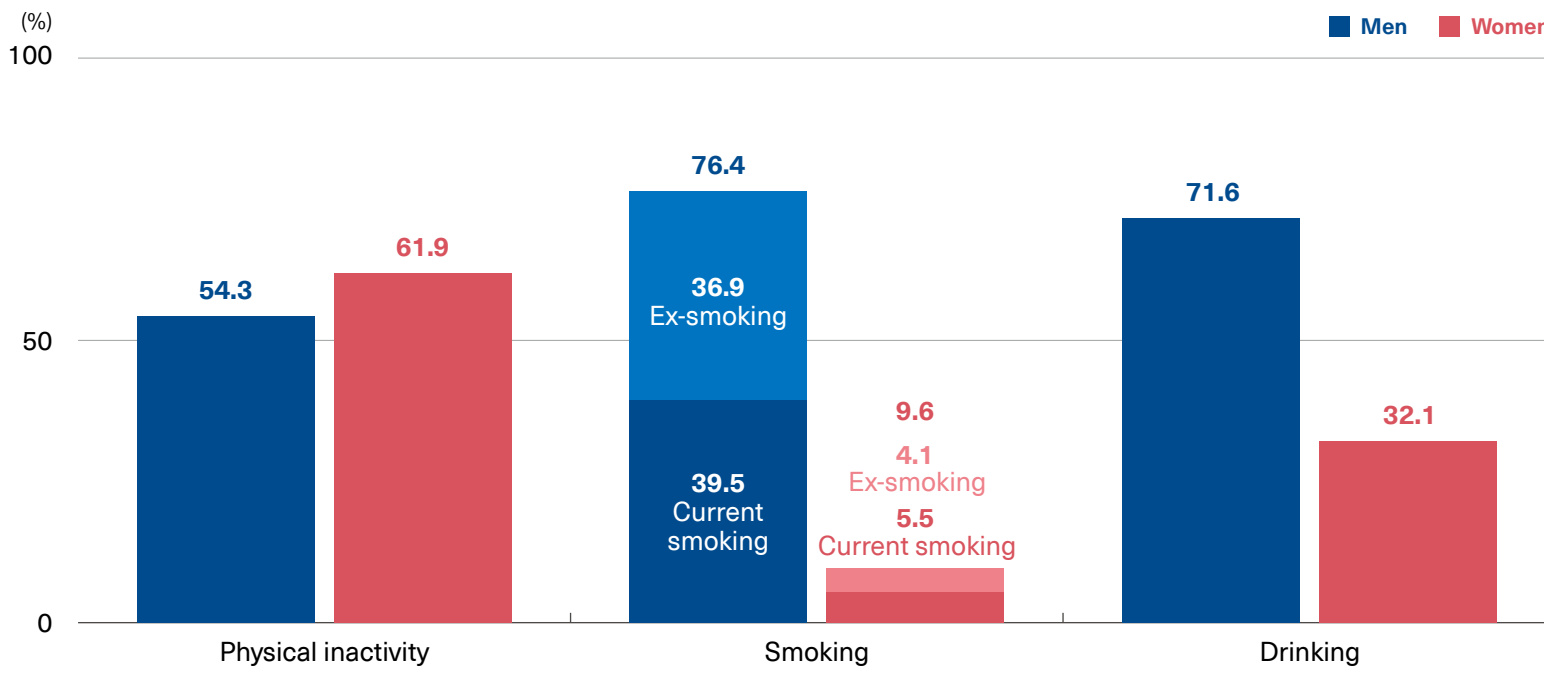


Data: 2016-2018 KNHANES; adults aged 20+ years with dyslipidemia

Distribution of physical inactivity, cigarette smoking, and alcohol drinking among adults with dyslipidemia

2016–2018
average

54% of men and 62% of women with dyslipidemia do not meet the recommendations for physical activity.
40% of men and 6% of women with dyslipidemia smoke cigarettes, and
72% of men and 32% of women with dyslipidemia drink alcohol.



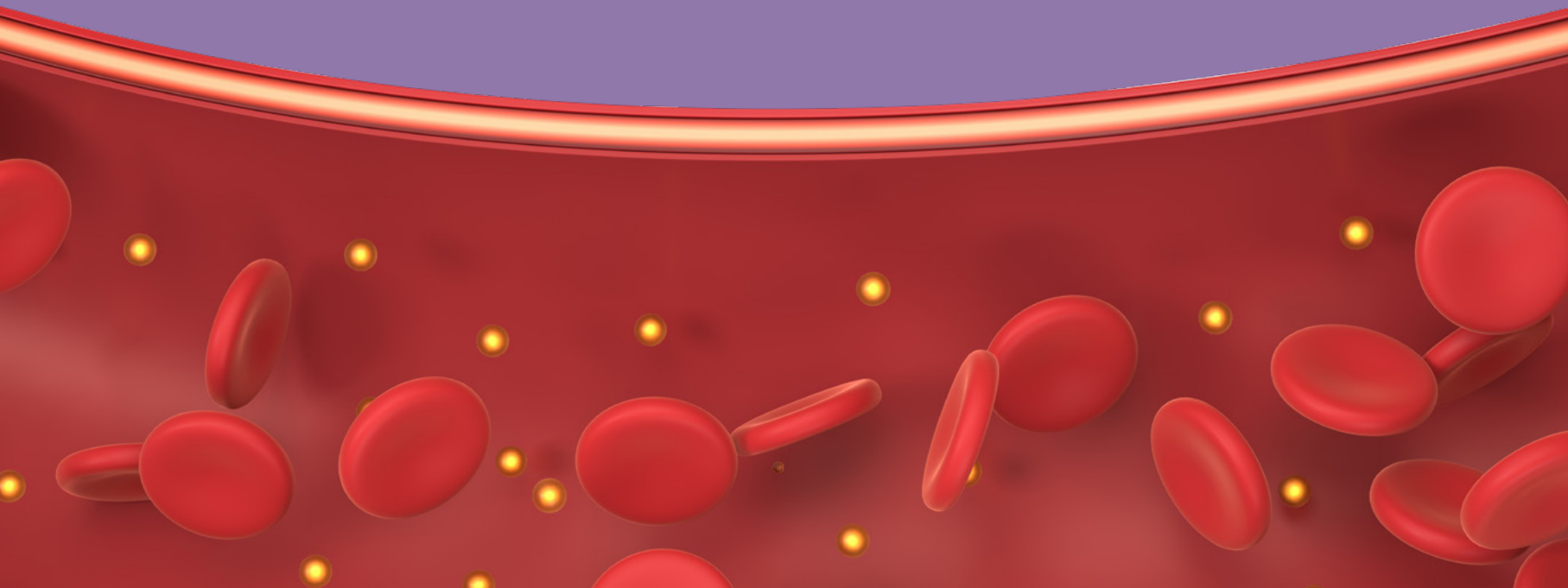
Data: 2016-2018 KNHANES; adults aged 20+ years with dyslipidemia

Physical inactivity: moderate-intensity activity <150 minutes, vigorous-intensity activity for <75 minutes, and an equivalent combination of moderate-and vigorous-intensity activity over the past week

Current smoking: have smoked 100+ cigarettes during lifetime and currently smoking.

Alcohol drinking: consuming alcohol more than once a month in the past year.

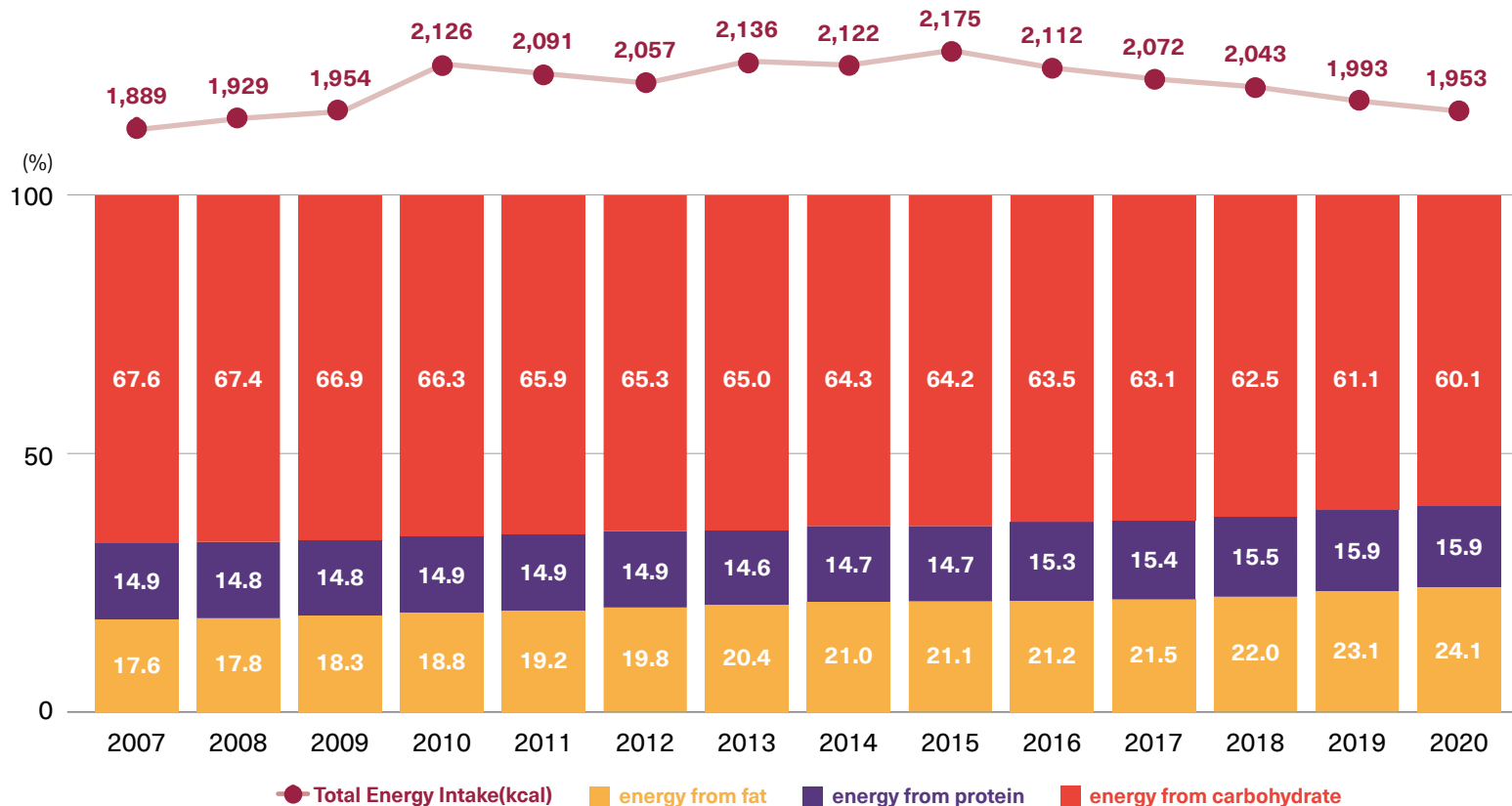
Trends in health behaviors of Korean adults



Age-standardized Dietary intake among Koreans

2007-2020 trend

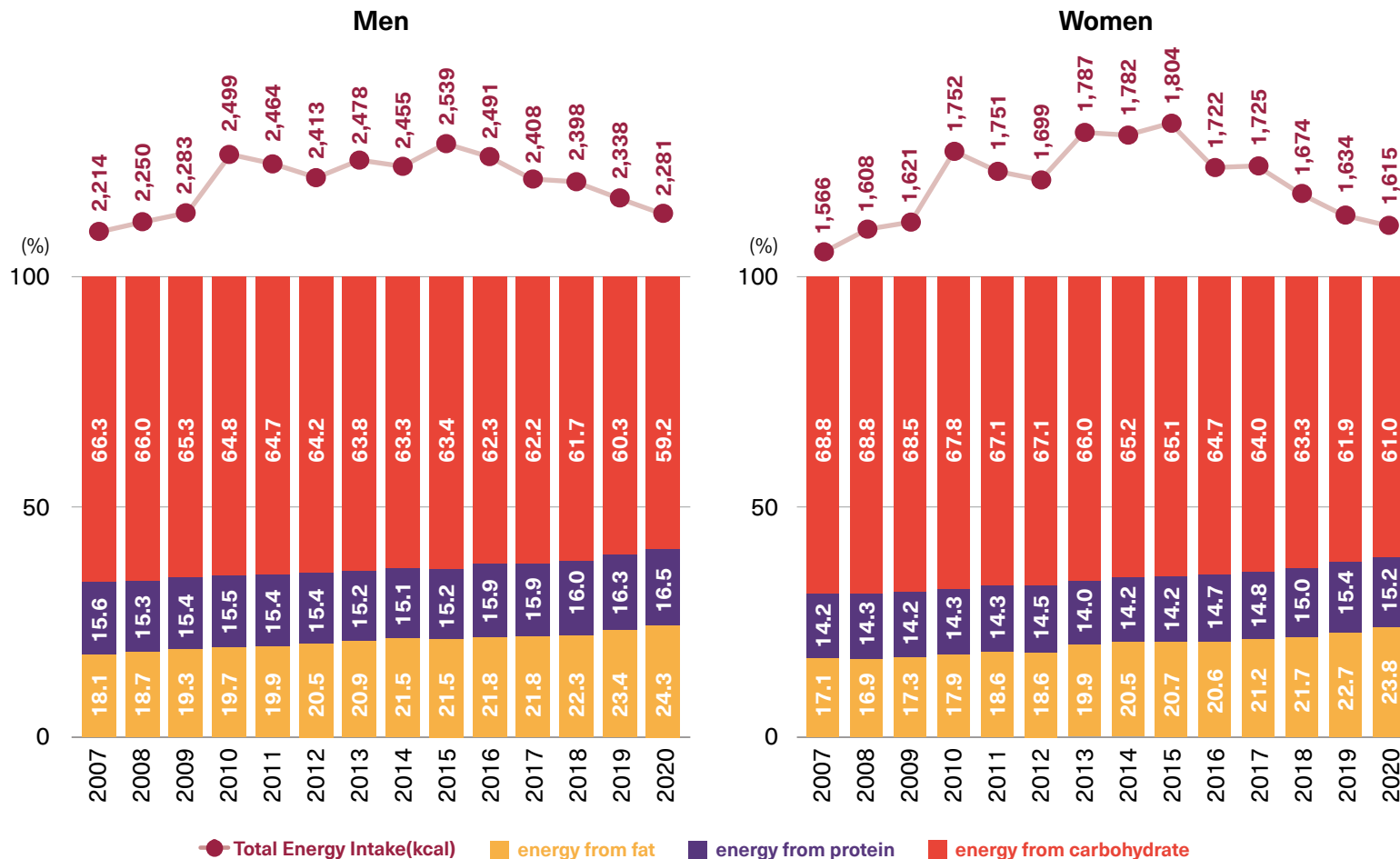
Total energy intake increased from 2007 to 2015, but then decreased.
The proportion of carbohydrate intake gradually decreased, while fat intake rose slowly.



Data: 2007-2020 KNHANES; adults aged 19+ years; standardized to the 2005 Korean population

Age-standardized Dietary intake among Koreans by sex

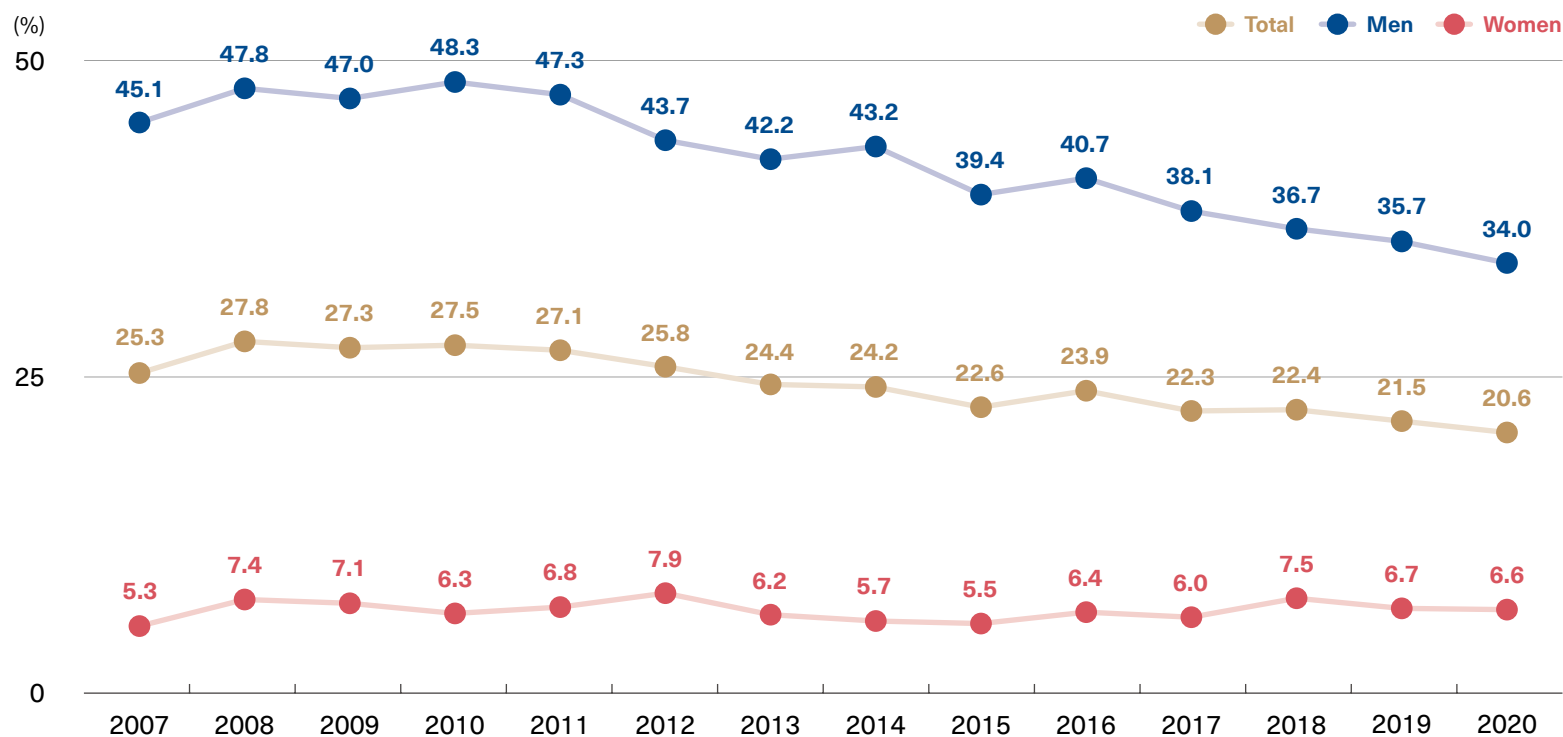
2007-2020 trend



Data: 2007-2020 KNHANES; adults aged 19+ years; standardized to the 2005 Korean population

Age-standardized prevalence of cigarette smoking among Koreans

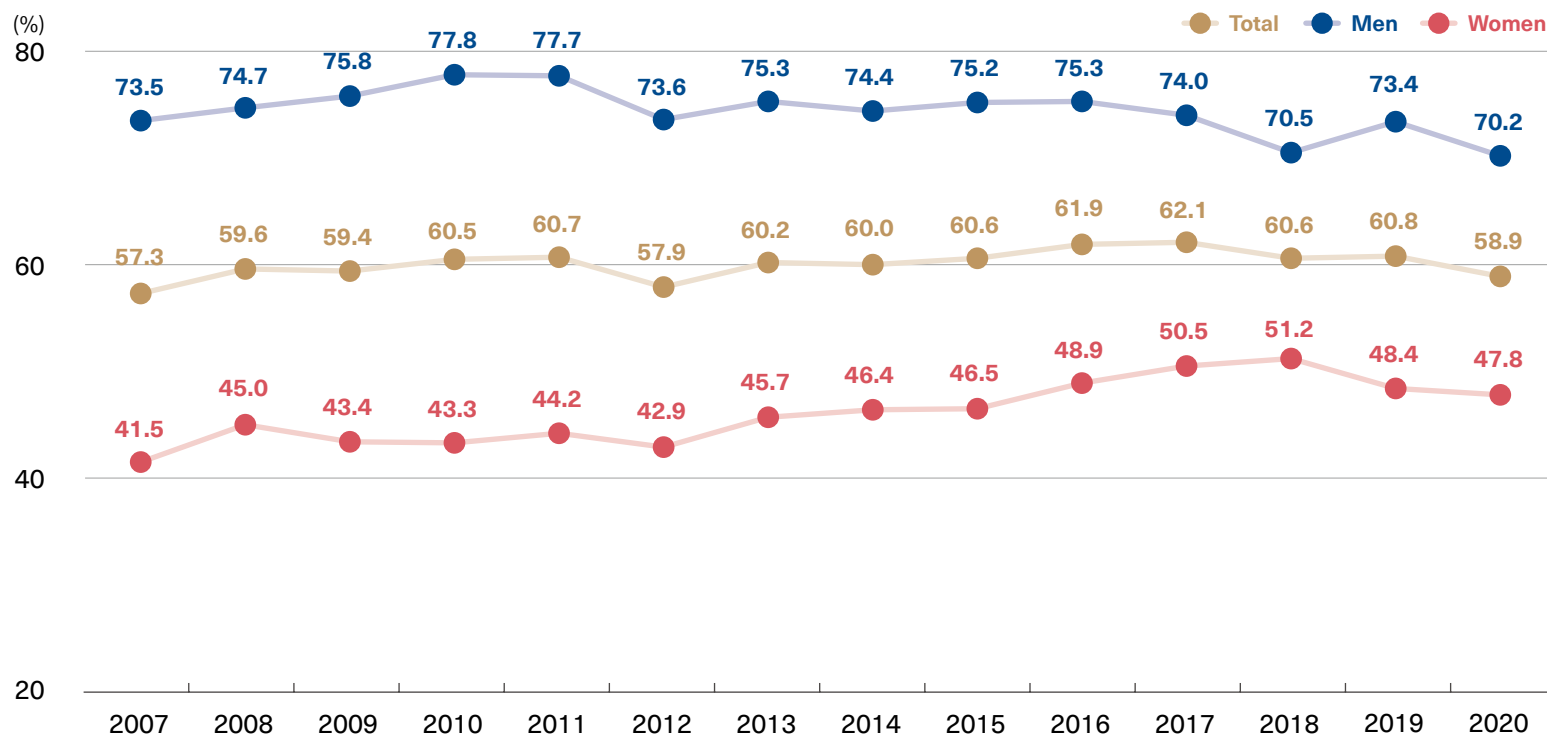
2007-2020
trend



Data: 2007-2020 KNHANES; adults aged 19+ years; standardized to 2005 Korean population
Cigarette smoking: have smoked 100+ cigarettes during lifetime and currently smoking.

Age-standardized prevalence of monthly alcohol drinking among Koreans

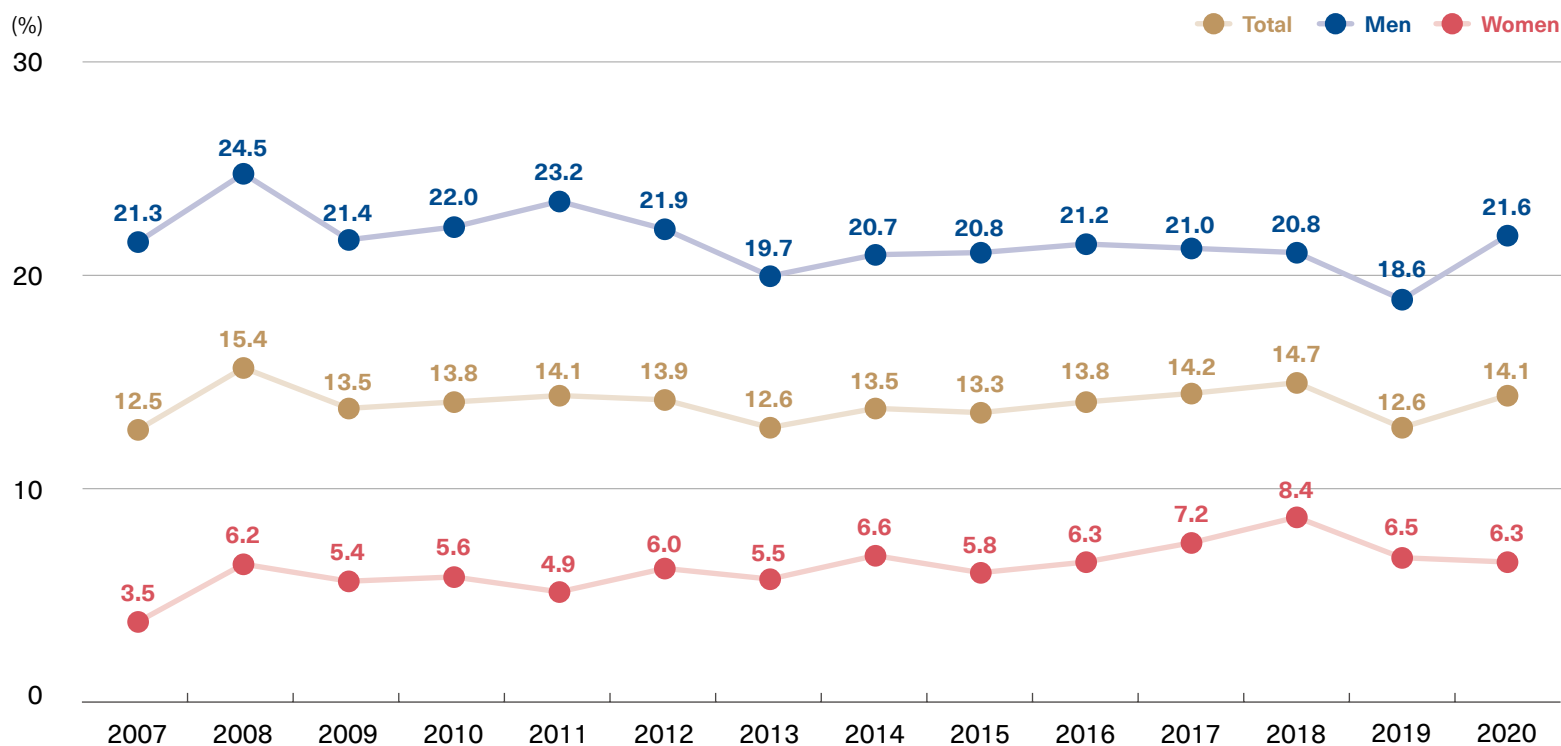
2007-2020 trend



Data: 2007-2020 KNHANES; adults aged 19+ years; standardized to the 2005 Korean population
 Alcohol drinking: consuming alcohol more than once a month in the past year.

Age-standardized prevalence of binge drinking among Koreans

2007-2020
trend

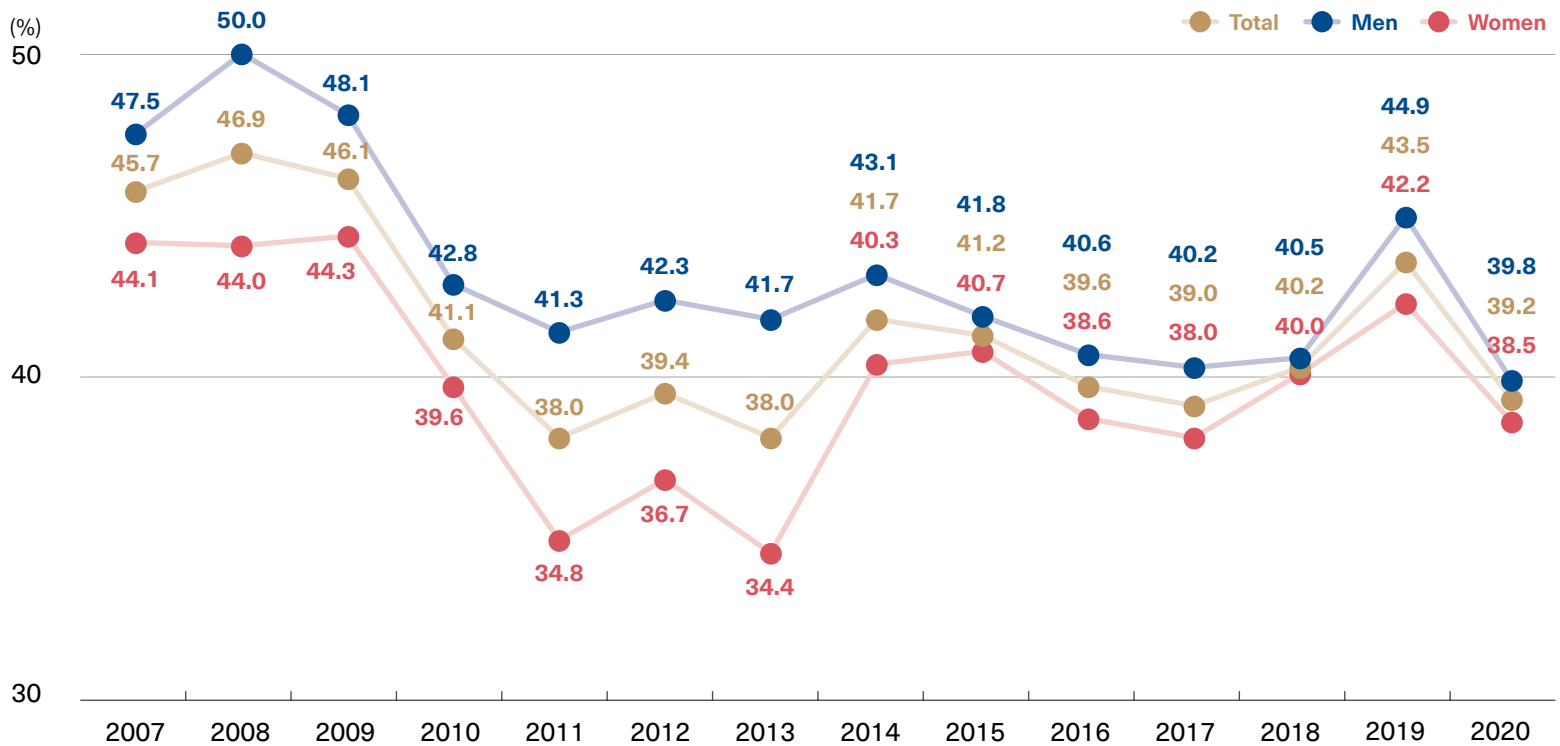


Data: 2007-2020 KNHANES; adults aged 19+ years; standardized to 2005 Korean population

Binge drinking: consuming excessive alcohol (≥ 7 glasses for men; ≥ 5 glasses for women) on the same occasion.

Age-standardized prevalence of walking among Koreans

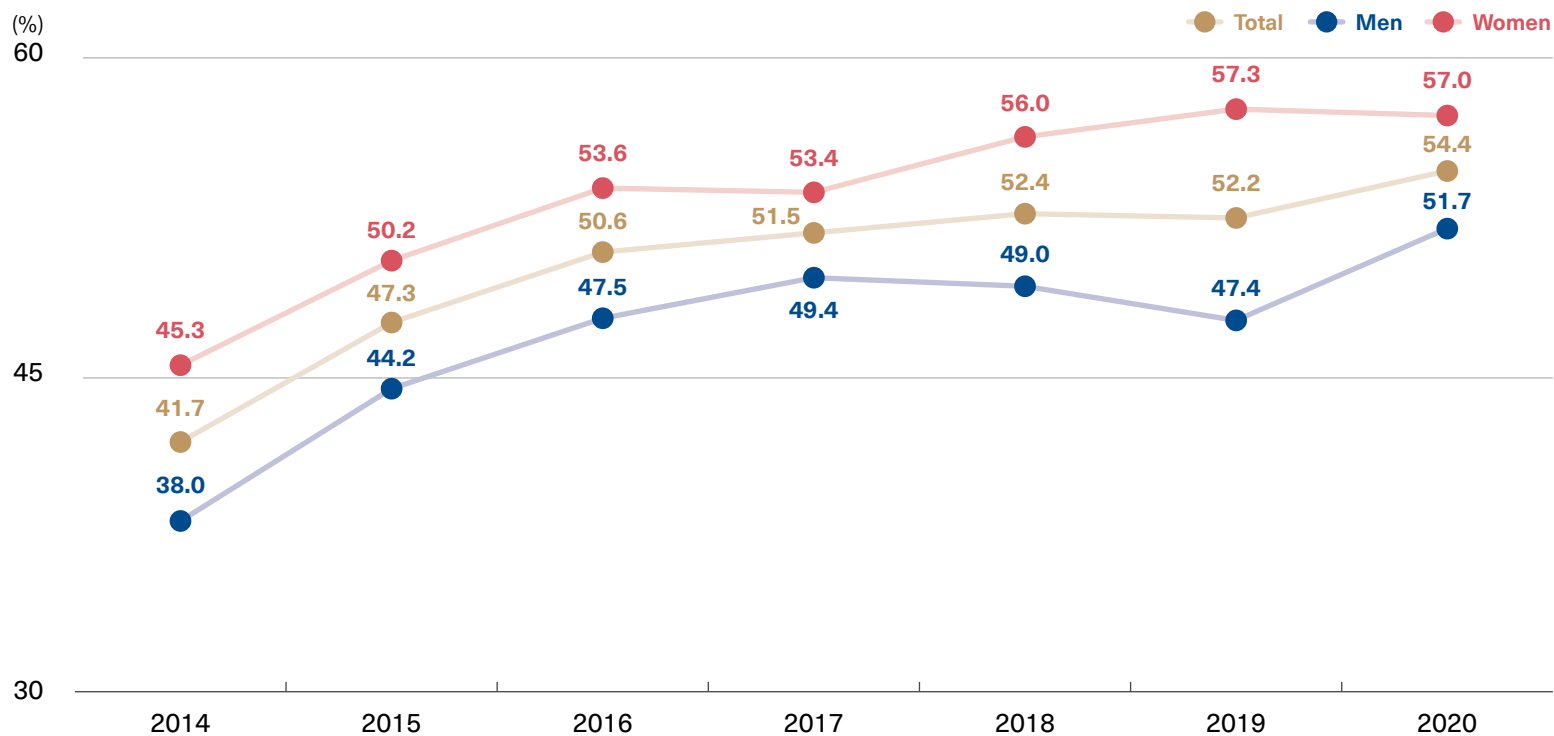
2007-2020 trend



Data: 2007-2020 KNHANES; adults aged 19+ years; standardized to 2005 Korean population
Walking: ≥10 minutes at a time and for ≥30 minutes per day and ≥5 days over the past one week.

Age-standardized prevalence of physical inactivity among Koreans

2014–2020
trend



Data: 2014-2020 KNHANES; adults aged 19+ years; standardized to the 2005 Korean population

Physical inactivity: moderate-intensity activity <150 minutes, vigorous-intensity activity for <75 minutes, and an equivalent combination of moderate- and vigorous-intensity activity over the past week

Summary & Conclusion

- Currently, 1 out of 4 Korean adults has hypercholesterolemia, and 2 out of 5 Korean adults have dyslipidemia.
- Hypercholesterolemia continues to become increasingly common, and 23% of men and 25% of women have hypercholesterolemia.
- Although the awareness rate of hypercholesterolemia is improving, more than 3 out of 10 people with hypercholesterolemia are still unaware of their condition.
- The treatment rate of hypercholesterolemia has substantially improved, but about half of people with hypercholesterolemia still do not use lipid-lowering drugs.
- Currently, 48% of people with hypercholesterolemia and 85% of those taking lipid-lowering drugs maintain blood cholesterol levels below 200 mg/dL.
- The prevalence of dyslipidemia increased from 40.2 to 48.2 %, when the definition of hypo-HDL-cholesterolemia in women changed from < 40 to < 50 mg/dL.
- Although the overall prevalence of dyslipidemia has not changed significantly, that of hyper-LDL-cholesterolemia is increasing and that of hypo-HDL cholesterol is decreasing.
- 87% of people with diabetes have dyslipidemia (hyper-LDL-C \geq 100, hyper-TG \geq 200, or hypo-HDL-C < 40 mg/dL). Also, about half of people with diabetes have LDL-cholesterol levels above 100 mg/dL.
- 72% of people with hypertension have dyslipidemia (hyper-LDL-C \geq 130, hyper-TG \geq 200, or hypo-HDL-C < 40 mg/dL). Also, about 20% of people with hypertension have LDL-cholesterol levels above 130 mg/dL.
- About half of people with dyslipidemia follow the energy intake recommendations, and approximately 25% follow the carbohydrate intake recommendation. Only 27% of men and 20% of women with dyslipidemia eat enough vegetables. About 40% of men and 30% of women with dyslipidemia consume more saturated fat than recommended.
- More than half of people with dyslipidemia do not meet the physical activity recommendations. About 40% of men and 6% of women with dyslipidemia smoke cigarettes, and 72% of men and 32% of women with dyslipidemia drink alcohol.

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